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CITY OF DURBAN

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# Annual Report OF CITY MEDICAL OFFICER OF HEALTH

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YEAR ENDING 31st DECEMBER 1963

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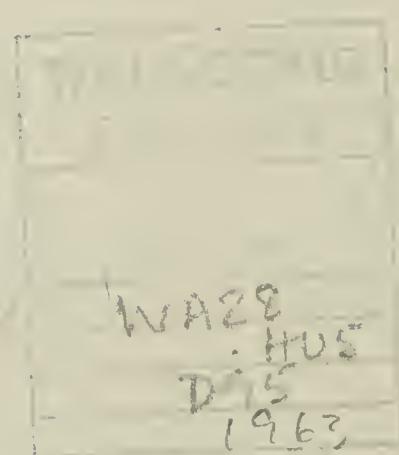
# **ANNUAL REPORT 1963**

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April 24, 1965.

His Worship the Mayor and Councillors  
of the City of Durban.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the 61st Annual Report on the public health and sanitary circumstances of the City, together with an account of the activities of the City Health Department, for the year ended the 31st December, 1963.

One case of smallpox, variola minor, was discovered in Durban, being a Bantu who left the Paulpietersburg district and travelled to Durban during the incubation period. Shortly afterwards another Bantu case of smallpox was discovered in an area contiguous to the City. This case too, had come from Paulpietersburg. Vigorous action was taken to contain the spread of the disease including a special campaign during which vaccinations performed totalled over 119,000. No secondary cases of smallpox occurred.

The infant mortality rates of all race groups have shown a decrease, the most significant reduction occurring amongst the Bantu community. This latter feature is most gratifying and is undoubtedly due to better housing and sanitation, subsidised feeding schemes and increased attendances at Child Health Clinics. Total attendances at the Child Health Clinics continued to soar and have now passed the half million mark per annum.

Kwashiorkor is almost never seen amongst City children attending Municipal clinics and it is encouraging to note a marked decrease in deaths from this disease and malnutrition over the last several years.

Immunisation against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis continued at a high level.

The completion of a new child health clinic at Chatsworth, the second purpose-designed such clinic in the City, marked another milestone in the advance of this most essential service.

Notifiable infectious diseases generally continued to show a decrease, although the number of cases of poliomyelitis (26) reflected an increase compared with 1962. The majority of the cases were Bantu.

Pulmonary tuberculosis remained the greatest single public health problem confronting the City, although a slight decrease in the number of notifications was noted. The attack rate amongst the Bantu community is still disturbingly high and leaves no room for complacency.

A scheme whereby the City Council would make available facilities for the early diagnosis of cervical cancer by providing the laboratory facilities for exfoliative cytology was commenced on the 3rd January 1963. The scheme was well publicised amongst the medical profession and laity and assistance was rendered by the National Cancer Association. The demand for the service soon reached a fairly constant level and by the end of the year a total of 2,614 smears had been examined, resulting in the discovery of 12 cases of confirmed malignant disease. It is to be hoped that more and more women will make use of this service.

Biological control of mosquitoes in the City continued to prove most satisfactory but nuisance arising from mosquito breeding persisted in the Baybead area despite extensive spraying operations undertaken by the South African Railways Administration.

During the year contracts were let for the construction of submarine pipelines which will provide sea outfalls for the Central and proposed Southern sewage disposal works. When these are completed it will be possible to provide waterborne sewerage to numerous areas presently unsewered. However, the solution of Durban's sewerage problems remains the major priority in environmental health in the City.

Steady progress in housing continued throughout the year in respect of Bantu and Indian schemes and simultaneously, in the case of the Bantu, the elimination of the notorious Cato Manor slum area came closer. The demand for European and Coloured housing has increased, particularly for the lower income groups. Details of the housing position are set out in part B of this report.

With the progressive expansion of Durban and the concomitant increase in the Department's services the need was recognised to create a second position of Assistant Medical Officer of Health. The City Council adopted this recommendation on 29th July and the Secretary for Health's approval was conveyed in a letter dated 9th November 1963. No appointment had, however, been made by the year's end.

To His Worship the Mayor and City Councillors I wish to express my thanks for their interest and assistance in matters of Public Health. My particular thanks are due to the Chairman and Members of the Public Health Committee for their encouragement, active support and wise guidance. My sincere appreciation is due also to the other Heads of Departments and their staffs for their ready help and consideration.

To the Members of the Press and the South African Broadcasting Corporation I am deeply grateful. Their interest in Public Health and their ready co-operation in bringing to the notice of citizens matters of importance and concern in public health have in no small way served as a link between my Department and the public.

In conclusion I must pay a special tribute to each and every member of the City Health Department for their loyalty, team spirit and high standard of work throughout the year.

I have the honour to be

Ladies and Gentlemen,

Your obedient Servant,

C.R. MACKENZIE,

M.B., B.Ch., D.P.H., D.T.M. & H.,

CITY MEDICAL OFFICER OF HEALTH.

# REPORT 'A'

## 1. GENERAL

Durban is South Africa's premier seaport. The combination of abundant sunshine and fine, safe beaches makes it also the Republic's most popular holiday resort, particularly during the winter months when little rain falls and winds are at a minimum.

The principal functions of the Department are the prevention of infectious disease, the promotion of health, the control of communicable and preventable disease, and the ensuring of proper standards of sanitation and environmental hygiene. The State Department of Health has advisory powers in terms of the Public Health Act and local authorities enjoy financial aid in many of their activities in the field of preventive medicine, both of a personal and non-personal character.

The expenditure incurred on these health services approximates R1,000,000 annually, against which is offset nearly R500,000 income.

The defined zones for the accommodation of the four race groups bring with them their peculiar health problems for the respective ethnic groups.

Area: 60,479 acres (94.50 square miles) which includes the Indian Township, Chatsworth, comprising 6,900 acres and the Bantu Township, kwaMashu, of 2,996 acres.

### Valuation (1962 figures in parenthesis).

	<u>Land</u>	<u>Buildings</u>
Rateable Values	R146,213,560 (R145,504,250)	R263,898,210 (R256,546,720)
Total Values (excluding Chatsworth and kwaMashu)	R178,305,320 (R177,166,300)	R305,348,930 (R293,913,740)
Rates (including water rate):	Land : 3.20 cents in Rand Buildings : 1.60 " "	
Agricultural (excluding Water Rate which is .41 cents in Rand)	Land : 1.395 " " Buildings : 0.595 " "	

### Chatsworth:

Rateable Values -	Land : R1,871,700 Buildings : R1,178,790
Rates -	Land : 1 1/16 cents in Rand Buildings : 7/16 " "

No Rates are levied in respect of the Bantu Township, kwaMashu.

### Meteorological Data:

Rain fell on 135 days during the year, a total rainfall of 42.5 inches being recorded. The average number of hours of sunshine per day was 6.4. Full data appears in the table overleaf.

Temperature inversion, which plays a major role in air pollution, occurs in Durban. During the extremely hot months ground inversion was almost negligible, it having occurred on only 24 days during January, February, March and December, and the inversion range on those days was generally limited to one or two degrees. In the colder months, inversion took place almost daily i.e. on 92 days out of 123 during a four month period (May, June, July and August). The variance in inversion temperatures was also most marked, reaching as much as 16°C.

Meteorological Data (By courtesy of the Weather Office, Louis Botha Airport)

1963	24 Hour Shade Temp. °C			Relative Humidity Barometer Readings (inches)			Rainfall			Sunlight	
	Maximum	Minimum	Mean	Minimum	Average	Maximum	Mean	Minimum	Maximum	inches	Average Hours of Sunshine per Day
January	27.0	19.6	23.2	50	79	20.23	29.67	108.1	270.2	10.64	5.95
February	28.2	20.2	24.1	43	77	30.20	29.61	16.5	50.2	1.98	8.41
March	26.8	18.2	22.3	30	78	30.37	29.73	33.1	128.8	5.07	5.86
April	25.6	15.4	20.5	32	76	30.51	29.69	7.0	30.04	.95	7.21
May	24.6	10.9	17.7	19	71	30.40	29.60	16.5	30.07	.76	7.97
June	22.5	9.8	15.8	20	76	30.60	29.85	8	30.20	34.5	1.36
July	21.3	10.0	15.5	21	72	30.54	29.70	12	30.11	147.1	5.79
August	23.9	10.0	16.9	17	70	30.37	29.53	5	30.07	28.8	12.8
September	25.0	16.1	20.3	32	80	30.43	29.56	7	30.05	29.7	7.95
October	24.8	17.6	21.1	50	81	30.39	29.71	18	30.06	79.8	6.46
November	26.2	18.3	22.1	29	79	30.26	29.69	16	30.01	42.9	5.11
December	27.2	19.4	23.1	43	77	30.37	29.44	11	29.94	232.8	8.50
											8.4
											6.4
											135
											1088.4
											42.85
											Total for the Year

## II VITAL STATISTICS

The figures and rates which follow, when related to those of the early post-war years, show a marked betterment of the morbidity and morality state of the non-European, especially the Bantu group.

This state of affairs has been achieved by greatly improved environmental and other conditions (housing, sanitation, pure water supplies, clinical services, infant feeding schemes, etc.) provided indirectly by the Central and Provincial Governments and directly by the local authority. The uplifting of these standards has in turn encouraged the Bantu to enhance their own standards.

### Population (estimated).

	<u>1963</u>	<u>1962</u>
Europeans	172,308	169,212
Coloureds	27,320	26,480
Bantu	192,527	189,695
Asiatics	<u>237,379</u>	<u>230,803</u>
	<u>629,534</u>	<u>616,190</u>

The upsurge in the Asiatic population as compared with other groups, especially the white, continues; for example, sixteen years ago the European population exceeded that of the Asiatic by 10,000. In the current year the converse applies, the Asiatic group exceeding that of the European by 65,000, representing population increases of 104% and 36% respectively since 1947.

### Births

Race	LEGITIMATE				ILLEGITIMATE				TOTALS			
	M	F	Total	1962	M	F	Total	1962	M	F	Total	1962
European	1,684	1,602	3,286	3,306	62	47	109	96	1,746	1,649	3,395	3,402
Coloured	507	496	1,003	935	148	143	291	276	655	639	1,294	1,211
Bantu	2,682	2,735	5,417	3,382	1,733	1,788	3,521	3,541	4,415	4,523	8,938	6,923
Asiatic	3,841	4,019	7,860	7,637	76	65	141	145	3,917	4,084	8,001	7,782
Totals	8,714	8,852	17,566	15,260	2,019	2,043	4,062	4,058	10,733	10,895	21,628	19,318

### Crude Birth Rates (No. of births per 1,000 population) (1962 in parenthesis)

European	19.70	(20.10)
Coloured	47.36	(45.73)
Bantu	46.42	(36.50)
Asiatic	33.71	(33.72)
All Races	34.36	(31.35)

The elimination of slums and the establishment of healthy and modern living conditions has generally resulted in a decrease in the birth rate in other communities throughout the world. However, the up-to-date housing of some 100,000 Bantu in the kwaMashu Township and the almost entire elimination of the Cato Manor slum area which had accommodated more than half the population under primitive conditions apparently resulted in an increase in the Bantu rate of 28% over the previous year and a 77% increase over the year 1957. Although Bantu statistics must at all times be treated with some reserve this sudden increase warranted investigation. It was finally considered that the chief cause lay in the establishment of clinic facilities at the Bantu Township of kwaMashu which had resulted in large numbers of Bantu wives females taking up temporary residence with relatives and at the visiting quarters provided, so that they could have

their pregnancies under modern medical care. The 'accommodation' addresses given by these Bantu females are accepted as a permanent domicile and, until this aspect can be accurately corrected, the Durban local authority will continue to be credited with many births of this race group.

Stillbirths (Rates per 1,000 Live Births) (1962 in parenthesis)

	<u>Number</u>	<u>Rates</u>
European	22 (23)	6.52 (6.76)
Coloured	29 (22)	22.92 (18.17)
Bantu	193 (236)	22.07 (34.09)
Asiatic	135 (169)	17.16 (21.72)
All Races	379 (450)	17.84 (23.29)

A marked improvement has been evident over the past two decades for all races but the European and Bantu rates are noteworthy, having fallen from 18 to 6 and 77 to 22 respectively.

Illegitimate Rates (as a Percentage of Total Births)

European	3.21	(2.82)
Coloured	22.49	(22.79)
Bantu	39.39	(51.15)
Asiatic	1.76	(1.86)
All Races	18.78	(21.01)

No significant change has occurred for many years.

Deaths

Race	Total Deaths				Crude Death Rates per 1,000 Population	
	M	F	Total	(1962)	1963	(1962)
European	961	728	1,689	(1,598)	9.80	(9.44)
Coloured	133	100	233	(205)	8.53	(7.74)
Bantu	1,289	1,015	2,304	(2,509)	11.97	(13.23)
Asiatic	1,002	745	1,747	(1,810)	7.36	(7.84)
All Races	3,385	2,488	5,973	(6,122)	9.49	(9.94)

The Bantu rate continues to decline markedly. As recently as 1957 it was double the current figure. Improved living conditions are doubtless the cause of this decline.

Infant Mortality (1962 in parenthesis) (Deaths of infants under the age of 1 year, and rate per 1,000 live births).

	<u>No. of Deaths</u>	<u>Rate</u>
European	82 (92)	24.31 (27.23)
Coloured	60 (59)	47.43 (49.62)
Bantu	950 (991)	108.63 (148.20)
Asiatic	424 (417)	53.90 (54.77)
All Races	1,516 (1,559)	71.34 (82.63)

The position remains fairly static except for the continued reduction in the Bantu infant mortality which figures must, however, still be regarded with reserve owing to the unreliability of birth statistics. Nevertheless the trend over the years is self evident.

Maternal Mortality Rate (1962 in parenthesis)

(Deaths from causes related to childbirth per 1,000 live births)

	<u>No. of Deaths</u>	<u>Rate</u>
European	— (1)	— (0.30)
Coloured	— (1)	— (0.84)
Bantu	17 (10)	1.94 (1.50)
Asiatic	11 (9)	1.40 (1.18)
All Races	28 (21)	1.32 (1.11)

These continued at a low level which is most satisfactory.

PRINCIPAL CAUSES OF DEATH 1963 : (1962 IN PARENTHESIS)  
(PROPORTIONAL MORTALITY RATE - % OF TOTAL DEATHS)

Cause of Death	Detailed List Numbers	In Respect of All Deaths						All Races							
		European			Coloured			Bantu			Asiatic				
		No.	Percentage	No.	Percentage	No.	No.	Percentage	No.	No.	Percentage	No.	Percentage		
Tuberculosis	14 277	(17) (238)	.83 16.40	(1.06) (14.89)	7 19	(14) (11)	3.00 8.15	(6.83) (5.37)	154 95	(53) (83)	1.95 5.95	(2.93) (4.59)	209 495	(4.21) (6.83)	
'all forms)	001-019														
Neoplasms	140-239														
Vascular Lesions of C.N.S.	330-334	191	(183)	11.31	(11.45)	13	(15)	5.58	(7.32)	61	(69)	2.65	(2.75)	152	(172)
Heart and Circulatory System	400-468	646	(581)	38.25	(36.36)	30	(36)	12.88	(17.56)	141	(164)	6.12	(6.54)	370	(344)
Pneumonias	490-493	109	(105)	6.45	(6.57)	18	(19)	7.73	(9.27)	228	(312)	9.90	(12.43)	307	(374)
Enteritis and Diarrhoea	571	9	(7)	.53	(.44)	19	(19)	8.15	(9.27)	293	(350)	12.72	(13.90)	119	(133)
Road Accidents	810-835	23	(43)	1.36	(2.69)	12	(8)	5.15	(3.90)	52	(85)	2.26	(3.39)	37	(50)
III Defined and Unknown	780-793 and 795	84	(58)	5.97	(3.63)	26	(9)	11.16	(4.39)	343	(272)	14.89	(10.84)	85	(61)

## 2. In Respect of Infants (Age Under 1 Year)

### III INFECTIOUS DISEASES

No City cases of formidable epidemic disease were notified during the year. There was, however, one case of smallpox discovered in Durban but imported from the Paulpietersburg district, which will be dealt with later in this section.

Set out below is a table showing the number and the racial distribution of the confirmed cases of notifiable infectious diseases notified to this Department during 1963. The attack rate for all races per 1,000 population is shown in parenthesis.

Disease	European	Coloured	Bantu	Asiatic	All Races
Cerebro-Spinal Meningitis	2	—	1	1	4 (.0064)
Diphtheria	3	6	17	12	38 (.0604)
Encephalitis	19	—	9	3	31 (.0492)
Conococcal Ophthalmia	—	3	6	5	14 (.0222)
Leprosy	—	1	9	1	11 (.0175)
Ophthalmia Neonatorum	—	—	—	2	2 (.0032)
Poliomyelitis	1	—	20	5	26 (.0413)
Puerperal Sepsis	—	—	8	3	11 (.0175)
Scarlet Fever	58	—	—	—	58 (.0921)
Trachoma	2	1	27	2	32 (.0508)
Typhoid Fever	1	3	25	6	35 (.0556)

Whilst scarlet fever, diphtheria and gonococcal ophthalmia incidences have shown a considerable decrease compared to 1962, there has been a rise in the number of notifications of poliomyelitis and trachoma with a corresponding increase in the attack rate. Other diseases have remained very much on a par with those of the previous year.

#### Smallpox

Although there were no City cases of smallpox during the year, there was one case of variola minor discovered in the Cato Manor area of Durban, having been imported from the Paulpietersburg district. This was the first case of smallpox in Durban since 1951 and naturally caused much concern.

The patient was a 38 year old Bantu female who arrived in Durban on the 28th July 1963 by train. Symptoms commenced on the 9th August and the diagnosis was made from the rash on the 12th August. The patient had not been previously successfully vaccinated. Diagnosis was confirmed by virus isolation and the patient's recovery was uneventful. Fortunately no secondary cases occurred in Durban. However, another case was discovered in the Newlands area, contiguous to Durban, two days later. This patient was also a Bantu female from the Paulpietersburg district, yet intensive investigation revealed that there was no connection between these two cases. In this instance also, no further cases occurred.

As a result of the finding of this smallpox case in Durban, a special vaccination campaign, with particular emphasis on the Bantu and Asiatic communities ensued, commencing with Cato Manor on 13th August 1963 and eventually covering most of the non-European areas in Durban. The number of vaccinations performed during this special campaign which lasted from 13th August to 6th September 1963 were :-

E	C	B	A	Total
1,282	3,430	60,353	54,187	119,252

During the year several calls were received from medical practitioners to exclude smallpox in certain cases, while many other investigations were also carried out following reports from members of the public.

#### Typhoid Fever

The annual number of notifications of City cases of typhoid fever since 1955 is set out below according to racial distribution :-

Race	1955	1956	1957	1958	1959	1960	1961	1962	1963
European	8	5	6	7	6	8	2	5	1
Coloured	3	1	1	5	1	4	2	—	3
Bantu	73	52	110	246	280	71	39	25	25
Asiatic	16	9	5	20	16	7	16	11	6
Total	100	67	122	278	303	90	59	41	35

It will be seen that the number of notifications of Typhoid fever for 1963 has again decreased slightly and is the lowest figure recorded over this period. Not only has the continued clearance of the Cato Manor slums resulted in Bantu being housed in new townships with vastly improved sanitation, but with the development of the new Indian Township at Chatsworth, this race group will also benefit from improved housing, and from improved sanitation in particular.

Of the 35 cases, 29 cases occurred in the first six months of 1963. Amongst these cases there was one death - a Bantu domestic worker employed in the City area. There were no deaths in 1962. None of these cases had received any immunisation against typhoid.

There were no Asiatic cases notified from Merebank or Chatsworth where water-born sewerage is in operation. While there were 10 cases from the Cato Manor Emergency Camp (where scattered though adequate communal toilet facilities served these slums), only 4 cases occurred in the kwaMashu Township, with a population twice as large as the Cato Manor Camp, but where water-borne sewerage is laid on to each house.

All cases of typhoid fever notified to this Department are carefully investigated and contacts are tested where indicated, in an attempt to establish the source of infection. As a result of these investigations two typhoid carriers were discovered, oddly enough in the same family group although living in separate houses. They were the mother and aunt of a child patient whose initial investigation led to their discovery. The mother was a stool and urinary carrier while the aunt was a urinary carrier. Both were subjected to chemotherapy and subsequent tests remained negative in the case of the aunt whilst the mother again passed positive stools. She was found to have a diseased gall bladder which was then removed and tests subsequent to this have remained negative for *S. typhi*.

#### Diphtheria

There were 38 City cases of diphtheria during the year. This represents a further reduction of 32 cases compared to 1962 and is the lowest total since 1932. This marked reduction occurred among the European and Bantu groups. The table (overleaf) sets out the notifications and deaths with corresponding rates for the various racial groups since 1940. It will be seen that this is the first time the notification rate for all races has been less than .1 per 1,000 population.

DIPHTHERIA : NOTIFICATIONS AND DEATHS : 1940 to 1963.  
 (Notification Rate per 1,000 Population : Mortality Rate per cent. of Total Notifications)

Year	EUROPEAN				COLOURED				BANTU				ASIATIC				ALL RACES			
	Notifications	No.	Rate	No.	Deaths	Notifications	No.	Rate	No.	Deaths	Notifications	No.	Rate	No.	Deaths	Notifications	No.	Rate	No.	Deaths
1940	194	2.10	3	1.55	21	2.60	2	1.23	23	0.26	1	4.35	254	0.98	6	2.36				
1	228	2.44	5	2.19	18	2.18	7	0.59	16	12.50	296	1.13	13	4.39						
2	262	2.48	2	0.76	26	3.07	1	3.85	63	0.85	4	6.35	14	0.15	—	1.92				
3	295	2.76	9	3.05	24	2.80	2	8.33	44	0.60	2	4.55	15	0.16	3	1.34	16	4.23		
4	416	3.84	7	1.68	74	8.43	—	0.00	73	1.01	16	21.92	36	0.37	2	5.56	599	2.09	25	4.17
5	255	2.33	6	2.35	36	4.01	1	2.78	116	1.61	9	7.76	37	0.37	—	0.00	444	1.53	16	3.60
6	154	1.23	7	4.55	17	1.66	1	5.88	64	0.59	7	10.94	38	0.33	10	26.32	273	0.76	25	9.15
7	156	1.23	4	2.56	24	2.26	2	8.33	110	1.01	9	8.18	46	0.39	7	15.22	336	0.92	22	6.55
8	73	0.57	1	1.37	8	0.73	—	0.00	93	0.85	12	12.90	18	0.15	5	27.78	192	0.52	18	9.37
9	95	0.73	—	0.00	21	1.85	2	9.52	66	0.60	12	18.18	39	0.32	6	15.38	221	0.59	20	9.05
1950	145	1.10	1	0.69	34	2.65	2	5.88	124	0.97	18	14.52	58	0.45	7	12.07	361	0.90	28	7.75
1	58	0.45	2	3.45	14	0.94	2	14.29	150	1.12	24	16.00	47	0.32	11	28.40	269	0.63	39	14.50
2	50	0.38	4	8.00	7	0.45	—	0.00	103	0.73	19	18.45	51	0.34	11	21.57	211	0.48	34	16.11
3	39	0.28	2	5.13	26	1.51	5	19.23	76	0.51	19	25.00	49	0.32	11	22.45	190	0.41	37	19.47
4	25	0.17	1	4.00	8	0.44	—	0.00	48	0.30	6	12.50	19	0.12	—	0.00	100	0.21	7	7.00
5	75	0.50	1	1.33	34	1.82	2	5.88	102	0.61	16	15.69	69	0.42	15	21.74	280	0.56	34	12.14
6	70	0.46	5	7.14	13	0.67	1	7.69	43	0.24	17	39.53	69	0.42	12	17.39	195	0.37	35	17.95
7	38	0.25	4	10.53	5	0.21	—	0.00	37	0.21	11	29.73	31	0.16	3	9.68	111	0.20	18	16.21
8	38	0.25	3	7.89	6	0.24	—	0.00	57	0.31	13	22.81	70	0.34	15	21.43	171	0.30	31	18.13
9	24	0.15	—	0.00	12	0.46	1	8.33	55	0.29	4	7.27	24	0.11	5	20.83	115	0.19	10	8.69
1960	9	0.06	1	11.11	7	0.28	—	—	—	6	10.71	22	0.10	4	18.17	94	0.16	11	11.70	
1	8	0.05	—	0.00	4	0.16	—	0.00	63	0.34	11	17.46	28	0.12	3	10.71	103	0.17	14	13.59
2	10	0.06	—	10.00	5	0.19	—	0.00	46	0.24	7	15.22	9	0.04	2	22.22	70	0.11	10	14.29
1963.	3	0.02	—	—	6	0.22	1	16.67	17	0.09	1	5.88	12	0.05	3	25.00	38	0.06	5	13.16

Of the 38 cases notified, 7 had previous immunisation against diphtheria and the following table sets out the immunisation states of the latter group.

3 Doses Vaccine			2 Doses Vaccine			1 Dose Vaccine		
C	B	A	C	B	A	C	B	A
2	3	-	1	-	-	-	1	-

Of the five cases who had three doses of vaccine three were diagnosed as faecal diphtheria on clinical grounds - all throat and nose swabs being negative. Of the remaining two cases one was a faecal carrier discovered by this Department after investigation of home contacts of a known case, and the other case was an aural diphtheria discovered at one of this Department's Child Health Clinics.

Seven of the 38 cases were carriers. Two of these carriers had previous immunisation, one being a Coloured of 5 years who had been fully immunised and the other a Bantu child of 7 years who had one previous inoculation against diphtheria.

Five deaths from diphtheria occurred, three being Asiatics, one a Bantu and one a Coloured. All were under 6 years of age. As could be expected the deaths were among cases that had already become severe before any treatment was instituted and did not include any children who had previous immunisation.

### Poliomyelitis

There were 26 City cases of poliomyelitis. This represents a marked increase over the previous year when there were only 4 cases. It will be noticed from the subjoined table that 20 of the cases were Bantu. The most likely factor responsible for the increase is the failure of many Bantu to have their children immunised. The following table sets out the notifications in the various races for this City since 1955.

Race	1955	1956	1957	1958	1959	1960	1961	1962	1963
European	65	82	113	13	23	9	3	-	1
Coloured	6	18	7	1	-	1	3	-	-
Asiatic	4	26	16	6	7	8	2	-	5
Bantu	7	32	27	7	21	29	21	4	20
Total	82	158	163	27	51	47	29	4	26

The greatest reduction in incidence over the years has been amongst the Europeans and this can be linked with the good response on the part of the parents in having their children immunised.

Sixteen of the 26 notifications occurred during the period January to April. Amongst these 26 notified cases, 10 were reported as having had some prior immunisation against poliomyelitis. It must be mentioned that although these cases were reported as having had previous oral vaccine, the accuracy of these statements cannot be determined as no records were kept during the various mass immunisation campaigns. Now that poliomyelitis vaccination has become compulsory and certificates are being issued it may be possible to have a more accurate check in the future.

Again, of the 26 cases of poliomyelitis, 4 were cases of "old Poliomyelitis". This means that they were brought to hospital for medical advice on account of muscular weaknesses and long after the acute infection had passed.

Virus studies carried out revealed the presence of Type I Poliomyelitis virus in stools of 15 of the cases, and Coxsackie Group A virus was isolated from stools in 3 other instances.

One poliomyelitis case died, namely a Bantu child aged 6 months whose condition was complicated by measles and gastro-enteritis.

### Trachoma

Prior to last year no cases of trachoma had been notified since 1956 and the table included here depicts the trend of notifications since 1940. Compared to last year's 5 cases, there were 32 this year, there being 2 European, one Coloured, 27 Bantu and 2 Asiatic notifications.

The majority of these notifications were the direct result of surveys carried out by a specialist ophthalmologist whose clinical diagnosis was supported in many instances by the isolation of the trachoma virus by the S.A. Institute for Medical Research. These surveys were carried out at various schools and the findings have led to an awareness that this disease not only exists in Durban but that the diagnosis is often not made. These cases were treated as outpatients and close contacts were referred for examination to exclude trachoma.

#### Trachoma Notifications

Year	European	Coloured	Bantu	Asiatic	Total
1940	—	1	2	—	3
1941	—	—	—	2	2
1942	—	—	1	—	1
1943	—	—	—	1	1
1944	—	—	—	—	—
1945	—	1	—	—	1
1946	—	—	—	—	—
1947	—	—	—	—	—
1948	—	—	—	—	—
1949	—	—	1	—	1
1950	—	—	—	—	—
1951	—	—	—	1	1
1952	—	—	—	—	—
1953	—	—	—	—	—
1954	—	—	—	—	—
1955	—	—	—	—	—
1956	—	—	1	—	1
1957	—	—	—	—	—
1958	—	—	—	—	—
1959	—	—	—	—	—
1960	—	—	—	—	—
1961	—	—	—	—	—
1962	—	—	3	2	5
1963	2	1	27	2	32
Total	2	3	35	8	48

#### Encephalitis

There were 31 cases notified this year as against 33 cases in 1962. The racial distribution, which was 19 European, 9 Bantu and 3 Asiatics is similar to that of 1962.

The following table gives the diagnoses of the encephalitis cases and also indicates their racial incidence:-

	E	B	A
Virus Encephalitis	10	7	3
Measles Encephalitis	4	1	—
Mumps Encephalitis	4	1	—
Chickenpox Encephalitis	1	—	—
	19	9	3

There were 5 deaths from encephalitis, all being due to virus encephalitis. Two were European adults, 2 were Bantu adults and one was an Asiatic child of 2 years.

#### Scarlet Fever

There was a marked reduction in the incidence of this disease from 91 cases in 1962 to 58 in 1963. All those affected were Europeans. This table shows the trend of notifications over the last few years.

1956	1957	1958	1959	1960	1961	1962	1963
172	175	161	165	118	109	91	58

The commonest age group affected was from 4 to 9 years, with the highest incidence occurring among the 5 year olds.

Of the 58 cases notified, 25 were admitted to hospital for isolation and treatment whilst the remaining 33 were allowed to remain at home as conditions there were satisfactory for isolation and treatment of the disease.

#### Gonococcal Ophthalmia

All 14 cases were notified from local hospitals. Thirteen cases were 3 weeks old and under, and the 14th case was a Bantu child of 2 months.

#### Ophthalmia Neonatorum

There were 2 cases of ophthalmia neonatorum notified. The one infant was 9 days old, and the other was 16 days old.

#### Leprosy

Eleven cases of leprosy were notified during the year, of which 9 were Bantu, one was a Coloured, and one an Asiatic. Eight of the cases were males. The ages of these leprosy cases varied from 22 years to 69 years with one child being 12 years old. This latter case was interesting as an aunt had been diagnosed as a leper only three days previously and he was discovered after being examined as a contact and before being allowed to return to school. It was also discovered that a third member of this family was in a leper institution, so that in all there were three cases of leprosy from this family group.

Most of the leprosy cases had been resident in Durban for many years - two of them in fact for their lifetime. Of the Bantu, however, many of them had been to the kraals for variable periods during their stay in Durban.

#### Non-notifiable Infectious Diseases

No major outbreaks of any non-notifiable infectious diseases occurred during 1963. The only reliable statistics that can be used to compare the morbidity of various common non-notifiable infectious diseases are the figures obtained from admissions to local hospitals.

The following table sets out the admissions to local hospitals of such cases and also gives the number of deaths that occurred.

NON-NOTIFIABLE INFECTIOUS DISEASES 1963

Disease	European	Coloured	Bantu	Asiatic	Totals
<u>Measles</u>					
Cases	77	41	309	10	437
Deaths	—	1	56	14	71
<u>Mumps</u>					
Cases	5	3	21	4	33
Deaths	—	—	—	—	—
<u>Chickenpox</u>					
Cases	24	4	86	6	120
Deaths	—	—	1	—	1
<u>Whooping Cough</u>					
Cases	10	1	21	3	35
Deaths	—	—	4	—	4
<u>Rubella</u>					
Cases	5	—	—	—	5
Deaths	—	—	—	—	—

Compared to 1962 measles was much less severe and chickenpox admissions were also fewer.

Advice was also given to various creches and homes where outbreaks of measles and chickenpox occurred. Much help and information was also given to the public who sought advice from this Department concerning various non-notifiable infectious diseases.

## **IV OTHER COMMUNICABLE DISEASES**

The following extracts on Amoebiasis, Bilharziasis and Tapeworm infestation are taken from a report by the Director of the Amoebiasis Research Unit in Durban, Dr. R. Elsdon-Dew, and gratitude is expressed for his permission to publish these extracts.

### **Amoebiasis**

1. "In a study of anaemia associated with amoebic liver abscess results indicate that the commonly found hypochromia is not indicative of iron deficiency, and there is no evidence of haemolysis. The anaemia frequently present in cases of amoebic liver abscess must be regarded as that of infection."
2. "A general review of the world amoebiasis position was carried out by the Director on a visit to Geneva. This was summarised in a paper to the 7th International Congress of Tropical Medicine and Malaria at Rio de Janeiro. The main point of this report, is the importance of the realisation that the normal relationship between *E. histolytica* and man is commensal."
3. "Much of the Unit's activity has been in the serological field. It is pointed out that the incidence of antibodies directed against specific amoebic components might be of value in assessing the "invasiveness" of *E. Histolytica*. This would be a valuable diagnostic measure in the diagnosis of cryptic extra-intestinal amoebiasis."

### **Bilharziasis**

The annual survey of children at kwaMashu continues to show a very low incidence of infection with *S. haematobium* suggesting that the environmental control methods being applied by the Durban City Health Department are being effective.

Other surveys revealed that in some areas at least, there was a very high infection rate with *S. haematobium* in peri-urban school children.

### **Tapeworms and Cysticercosis**

"Further confirmation of the relative rarity of the adults of *Taenia solium* by contrast with *Taenia saginata* has been obtained by the continuation of collection of whole worms from necropsy material.

High frequency of cysticercosis in pigs by contrast with the apparently low incidence of the adult in the vector - man, may be due to one or more of several possible causes, which must still be clarified."

### **Malaria**

There was only one Durban resident notified as suffering from malaria and this was an imported case. He was an Asiatic male of 67 years of age who had contracted the disease in Mombasa but was hospitalised in Durban and subsequently died of cerebral malaria. This was a *plasmodium falciparum* infection.

Three other cases of malaria were notified to this Department during 1963 but they were cases from ships and were hospitalised in this City by the Port Health Officer.

### Medical Examination of Bantu Work Seekers

Male Bantu work seekers are medically examined at the Municipal Bantu Administration Department before registration is permitted. During 1963 a total of 91,845 examinations were performed. Of this number 80,459 were adults and 11,386 were juveniles. This represents an increase of over 10,000 Bantu examined, compared with 1962.

Of the 91,845 Bantu examined, many were referred to hospitals and clinics for further investigation. The main suspected diseases necessitating this were :-

Venereal Diseases	:	2,166
Tuberculosis	:	111
Bilharzia	:	71

Vaccinations performed on these work seekers totalled 66,097.

In addition to the above examinations performed, persons who had come from districts where smallpox cases had been discovered were especially interrogated to ascertain whether they had had any possible contact with smallpox cases and a careful check was made on kraal particulars in case there might have been any connection with known cases. In no instances were contacts discovered.

The absolute need to vaccinate all Bantu work seekers was emphasized during the year with the discovery of a case of smallpox in Durban which had been imported from a rural district. This was a female visitor from the Paulpietersburg area.

## V TUBERCULOSIS

### INTRODUCTION

The number of known cases of pulmonary tuberculosis in Durban at the end of 1963 is set out in the table below, figures for the previous two years being given for comparison. Correction for deaths and inward and outward transfers have been made insofar as this is possible.

	<u>1963</u>	<u>1962</u>	<u>1961</u>
European	1,030	936	827
Coloured	828	761	638
Bantu	7,475	7,087	6,891
Asiatic	<u>3,179</u>	<u>2,908</u>	<u>2,731</u>
Total	<u>12,512</u>	<u>11,692</u>	<u>11,087</u>

These totals include not only City cases but also imported cases living in Durban as well as imported cases working in Durban but living outside this City's boundaries. Not only are Bantu discovered as suffering from pulmonary tuberculosis within six months after arrival in Durban as work seekers, but many families also flock to Durban for medical attention rather than seek this at their nearest tuberculosis clinic, provincial or mission hospital. In some instances Bantu will still seek treatment in this City, after having been to a hospital near their home, for the same complaint. It is unfortunate that this does occur, as more important than overloading Durban with extra work, is the fact that this leads to a high rate of treatment defaulters, since once these patients feel improved after a short course of treatment or even hospitalisation, they return to the kraals without continuing treatment and it is impossible to trace them again.

As an indication of the extent to which this occurs the following table reflects the number of ex-City pulmonary tuberculosis cases notified to this Department during each of the last 3 years and, for comparison, it is also expressed as a percentage of the total number of notifications.

	<u>1963</u>	<u>1962</u>	<u>1961</u>
Number of Ex-City cases	364	312	318
Total number of pulmonary tuberculosis notifications (City and Ex-City)	2,233	2,382	2,595
Percentage of total pulmonary tuberculosis notifications that are Ex-City cases	16.3%	13.1%	12.3%

### STATISTICS OF CITY CASES

#### (a) Pulmonary Tuberculosis

##### (i) Notifications

The number of notifications of pulmonary tuberculosis received during the year 1963 is set out below together with the corresponding figures for the previous two years. The attack rate per 1,000 population is also given.

Year	E	C	B	A	Total
1961	117	96	1,648	416	2,277
1962	129	85	1,524	332	2,070
1963	121	77	1,355	316	1,869

Attack rates per 1,000 population.

Year	E	C	B	A	Overall
1961	.70	3.74	8.82	1.86	3.78
1962	.76	3.21	8.03	1.44	3.35
1963	.70	2.82	7.04	1.33	2.97

The age groups of 1963 notified pulmonary tuberculosis cases are as follows:-

Ages	E	C	B	A	Total
0 - 4 years	10	13	232	32	287
5 - 14 years	4	4	132	24	164
15 - 24 years	6	9	144	78	237
25 - 44 years	40	28	615	122	805
45 - 64 years	46	16	204	53	319
65 and over	15	7	28	7	57
Total	121	77	1,355	316	1,869

#### Source of notifications for 1963:-

Of the 1,869 new pulmonary tuberculosis notifications  
 1,235 were notified by Durban tuberculosis clinics  
 620     "     "     Hospitals  
 14     "     "     other sources.

#### Comment

Once again there has been a slight drop in the total number of new pulmonary tuberculosis notifications. With this the attack rate has likewise decreased. It is pleasing to notice this trend and it is hoped that it will continue. The attack rate amongst the Bantu is still exceedingly high, however, and every effort will be continued to reduce this figure. It is a higher Bantu attack rate than that for the Republic as a whole.

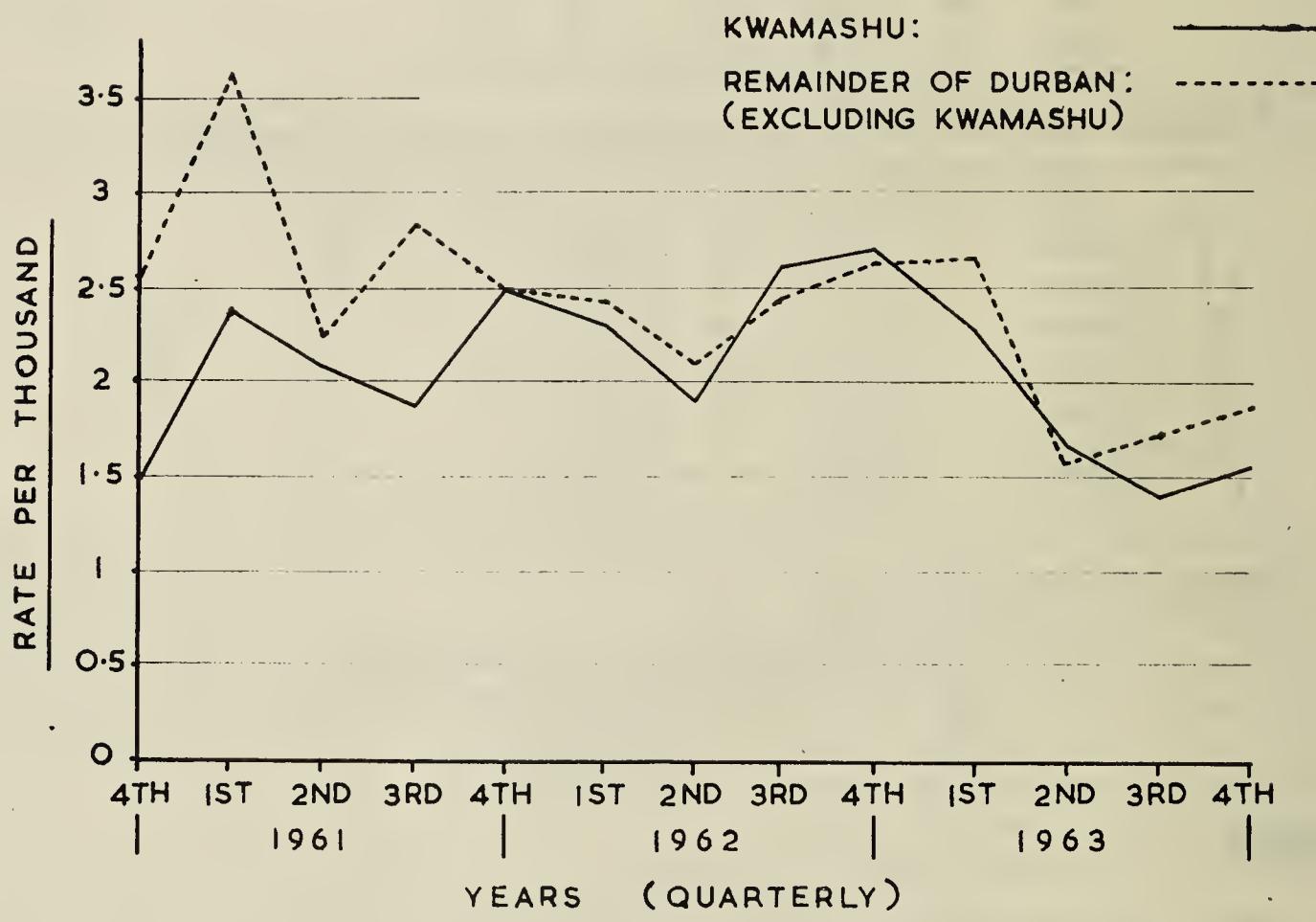
In regard to the pulmonary tuberculosis notifications in the various age groups, the pattern is similar to that of the Republic as a whole. Compared with 1962 figures there was a decrease in all age groups except the 5 - 14 years group where there was a 6.5% increase in notifications.

It is interesting to note that by far the majority of new pulmonary tuberculosis notifications stem from the local tuberculosis clinics. This is the reverse of a few years ago when the hospitals notified very many of the cases. With improved clinic services this is to be expected.

The following graph depicts the quarter year pulmonary tuberculosis attack rate for Bantu living in kwaMashu and compares this rate with that of Bantu living in the rest of Durban. It will be seen that the two rates run a similar course and that the kwaMashu rate is not higher than the Durban rate.

## PULMONARY TUBERCULOSIS : BANTU

QUARTER YEAR ATTACK RATES (PER 1,000 POPULATION)  
IN KWAMASHU AND THE REMAINDER OF DURBAN:  
OCTOBER, 1960 TO DECEMBER, 1963.



(ii) Deaths

Deaths amongst City cases, together with death rates per 1,000 population are set out below:-

	E	C	B	A	Total
Deaths 1963	14	6	129	22	171
Deaths 1962	14	15	133	37	199
Death Rate 1963	.08	.22	.67	.09	.27
Death Rate 1962	.08	.57	.70	.16	.32

Comment

Although the European death rate has remained static, there has been a decrease in the death rate of each of the other three race groups. The overall death rate of .27 per 1,000 population is not only lower than last year but the lowest on record. Furthermore, the Asiatic death rate has now dropped and approximates that of the European death rate.

(b) Non-Pulmonary Tuberculosis

(i) Notifications

Year	E	C	B	A	Total
1963	2	—	50	30	82
1962	14	5	56	33	108

These 1963 notifications are also tabled according to age groups:-

Ages	E	C	B	A	Total
0 – 4 years	1	—	4	3	8
5 – 14 years	—	—	2	2	4
15 – 24 years	—	—	6	7	13
25 – 44 years	—	—	21	15	36
45 – 64 years	—	—	15	3	18
65 and over	1	—	2	—	3
Total	2	Nil	50	30	82

As is evident there were fewer notifications during 1963 than the previous year, affecting particularly the European and Coloured groups.

(ii) Deaths

There was a fairly moderate reduction in non-pulmonary tuberculosis deaths during the year as compared to 1962. This reduction was particularly noticeable in the Bantu group.

	E	C	B	A	Total
Deaths 1963	1	—	19	10	30
Deaths 1962	—	3	36	11	50
Death Rate 1963	.006	—	.099	.042	.048
Death Rate 1962	—	.113	.190	.048	.081

Hospital Facilities

The state Health Department has reorganised its tuberculosis services in Natal and to conform with this it is policy to admit Durban cases into tuberculosis hospitals either in or close to Durban and not to send them farther afield. The following hospitals fall into the central zone which is used by this Department for admitting cases of pulmonary tuberculosis :-

	Beds	E	C	B	A
1. King George V Hospital	1,619	97	76	1,370	76
2. Umlazi Mission	56	—	—	56	—
3. Illovo Sugar Estates	48	—	—	48	—
4. St. Mary's Mission, Marainhill	63	—	—	63	—
5. Botha's Hill T.B. Settlement	117	—	—	117	—
6. Ekuphilisweni Mission Hospital	87	—	—	87	—
7. Montebello Mission Hospital	70	—	—	70	—
8. F.O.S.A. T.B. Settlement	151	—	—	156	—
9. Osindesweni Mission	151	—	—	151	—

	Beds	E	C	B	A
10. Umpumulo Mission Hospital	45	—	—	45	—
Totals	2,412	97	76	2,007	232

By using the abovementioned hospitals only, this Department thus has 2,412 tuberculosis beds available. When the S.A.N.T.A. Settlement at Umlazi is completed this total will be increased by 250 to 2,662 beds. These beds, however, are at the disposal of all authorities in the 'Central Region' and are undoubtedly inadequate for the requirements of the Region as a whole.

In order to facilitate the smooth working of this policy ex-City cases are expected to be hospitalised nearest to their homes i.e. in the reserves from whence they have come. It is pleasing that State Health Department is attempting this task as this will then release more Durban beds for Durban cases. Many ex-City cases come to Durban and are hospitalised here, although there are adequate facilities in their home areas. As pointed out in the introduction to this chapter, the percentage of ex-City notifications in Durban is increasing yearly and this is an undesirable state of affairs.

During 1963, 1,656 City cases were admitted to hospital, comprising 144 Europeans, 91 Coloureds, 1,119 Bantu and 302 Asiatics. This represents 101 more admissions than during 1962, the increase being non-European admissions.

Hospital discharges for the year numbered 1,540 and were made up of 151 Europeans, 85 Coloureds, 963 Bantu and 341 Asiatics. As with admissions this represents an increase over last year. In addition 76 persons absconded or left hospital against medical advice.

In view of the fact that King George V Hospital is the only tuberculosis hospital in Durban and moreover caters for the great majority of Durban tuberculosis cases, it is appropriate to include a few statistics kindly supplied by the Superintendent.

King George V Hospital	E	C	A	B	Total
Number of Admissions 1963	301	134	284	2,743	3,462
Number of Discharges 1963	313	135	295	2,780	3,523
King George V Hospital	1963	1962	1961	1960	
Mean Hospitalisation period in months	6.2	6.1	6.2	5.4	
Irregular discharges as a percentage of all discharges	13%	12.5%	18.5%	17.0%	
Pulmonary tuberculosis relapse rate	16.2%	16.75%	15.5%	15.1%	
(Ratio re-admissions to total admissions.)					

#### Field Work and Control Programmes

Under the direction of the Assistant Medical Officer of Health, 5 European Health Visitors, 1 European Health Inspector, 15 Bantu and 6 Asiatic Health Assistants, together with a clerical staff of 4 Europeans and 1 Bantu are employed on tuberculosis control.

The duties of the Health Visitors and Health Assistants (26 in all) are to:

1. Investigate all new tuberculosis notifications and to report on the home conditions and refer contacts to the nearest clinic for examination;
2. follow-up of all known cases;
3. trace treatment defaulters, including those who have absconded from or left hospital against medical advice;
4. refer tuberculosis suspects for X-ray;
5. investigate and apply for assistance- monetary or, in the form of food parcels;
6. help or arrange with admission of patients to hospitals or preventoria;
7. give domiciliary treatment where necessary.

During the year a total of 42,674 such visits were made comprising, 3,792 visits to Europeans, 2,820 to Coloureds, 24,763 to Bantu and 11,299 to Asiatics. During these visits 2,159 injections were giving by the Health Visitors to patients on domiciliary treatment.

A good field programme is regarded as highly important as it is this work that forms the basis of properly functioning tuberculosis clinics. The difficult problems that the health Visitors and Health Assistants have to deal with can only be appreciated when the tuberculosis clinics' defaulters lists are studied. Numbers of patients have to be visited many times before they eventually attend the clinic.

The various grants and food rations that are given to tuberculosis patients help serve as an incentive for them to keep attending regularly but despite this, there are still those who are completely irresponsible and who, with their chronic infectious pulmonary tuberculosis, remain a menace to the community. Institutions similar to leper institutions where these people can be detained appears to be the only means to reduce this chronic pool of infection. The Bantu are a particular problem in this regard as they drift in from the country areas and once diagnosed rapidly become defaulters, leading to the almost inevitable end result - chronic infectious pulmonary tuberculosis.

#### Out-Patient Services

##### (A) Durban Chest Clinic

This clinic, which is run by the State Health Department, is situated in the centre of Durban and deals not only with Durban cases but with patients from areas far beyond the City's boundaries. This is a very busy clinic with its work increasing each year.

The health education programme of this Department continues at this clinic and fills a very necessary gap in the education and disciplining of tuberculosis patients as well as in explaining the disease to patients, contacts and others.

##### (a) Diagnostic and Treatment Services

###### (i) X-Rays

Borough: Clinical interviews  
100 m.m. and large plates  
Initial 70 m.m. X-rays  
Totals

Ex-Borough: Clinical interviews  
100 m.m. and large plates  
Initial 70 m.m. X-Rays  
Total attendances

	E	C	A	B	Total
100 m.m. and large plates	5,513	1,999	9,843	19,195	
Initial 70 m.m. X-rays	9,557	1,545	11,608	12,463	
<b>Totals</b>	<b>15,070</b>	<b>3,544</b>	<b>21,451</b>	<b>31,658</b>	<b>71,723</b>
100 m.m. and large plates	683	46	1,143	12,629	
Initial 70 m.m. X-Rays	1,646	82	971	4,633	
<b>Total attendances</b>	<b>17,399</b>	<b>3,682</b>	<b>23,865</b>	<b>48,920</b>	<b>93,866</b>

###### (ii) Notifications

Borough  
Ex-Borough

57	16	110	443	626
2	7	4	62	75
59	23	114	505	701

###### (iii) Tuberculin Tests

Borough  
Ex-Borough

1,933	409	2,455	1,654	
427	12	188	1,730	
2,360	421	2,643	3,384	8,808

###### (iv) Streptomycin Injections

2,254 1,105 8,375 28,072 39,806

###### (v) Other Injections

320 80 973 2,205 3,578

###### (vi) B.C.G. Inoculations at Clinic

492 109 684 602 2,887

B.C.G. Inoculations on research  
field work

3,784

In comparison with the figures for 1962 there was a slightly lower number of attendances for 1963 and the number of pulmonary tuberculosis notifications dropped by 15% compared to 1962. The Superintendent nevertheless noted that hospital beds in the Central Zone remained difficult to obtain.

The above statistics show that 24% of all clinical interviews and X-rays taken relate to ex-City cases, i.e. cases coming into Durban from outside areas.

**(b) Industrial Mass X-Ray Survey**

Europeans X-rayed	9,807
Non-Europeans X-Rayed	39,988
Recalls for further investigation	6,907

One hundred and sixty-three firms participated in the survey during the year. No significant change occurred in the number of persons X-rayed, although the number of recalls was particularly high. This was partially due to many of the 70 m.m. X-rays being inadequate for accurate reading.

**(B) Cato Manor and kwaMashu Clinics**

Throughout the year the Cato Manor clinic functioned on Mondays and Thursdays whilst the kwaMashu Clinic was in operation on Tuesdays, Wednesdays and Fridays. Although much work was still being performed at Cato Manor towards the end of the year there was a gradual decline in attendances during 1963. This was due to the demolition of shacks in the Cato Manor Emergency Camp and the removal of dwellers to Umlazi and kwaMashu.

The clinics functioned well and kwaMashu continued to be a busy clinic. Supplementary food rations to indigent tuberculosis patients were given to patients at the clinics. This food supplement certainly encouraged regular attendance as well as supplying a necessary nutrition supplement.

The number of country cases attending and being notified from these clinics continued to be high. As previously reported there is not easy way of controlling this.

**Clinic attendances**

The following figures reflect on the work performed at both clinics during 1963:-

	<u>Cato Manor</u>	<u>kwaMashu</u>	<u>Total</u>
Total attendances	7,700	26,135	33,835
Streptomycin injections	1,956	7,344	9,300
Contacts seen	724	1,057	1,781
Suspects seen	582	3,823	4,405
Tuberculin tests done	671	2,298	2,969
B.C.G. Vaccinations	316	2,734	3,050
X-rays taken	1,693	4,174	5,767

All new persons attending the clinic are first interviewed and some are disposed of without being admitted to the clinic for further investigation. These are cases who cannot even be classed as pulmonary tuberculosis suspects.

At Cato Manor 155 and at kwaMashu 408 cases of pulmonary tuberculosis were admitted to the clinics. More cases of pulmonary tuberculosis were discovered amongst contacts than among suspects. The 1,781 contacts yielded 91 (5.1%) cases of pulmonary tuberculosis and the 4,405 suspects yielded 186 (4.2%) cases. These figures are tabulated with those for the previous years for comparison.

	<u>1963</u>	<u>1962</u>	<u>1961</u>
% pulmonary tuberculosis discovered among contacts	5.1%	4.2%	5.1%
% pulmonary tuberculosis discovered among suspects	4.2%	4.9%	3.6%

## Tuberculin Testing

The Heaf test is performed on all children up to 15 years as a routine. The following table analyses the tuberculin tests performed during 1963 :-

Tuberculin Tests	Cato Manor	kwaMashu
Tests done	668	2,281
Tests read	608 91%	2,086 91.6%
Positive	312	1,159
Negative	296	927

Thus at Cato Manor 51% of tests read were positive, and at kwaMashu 55.5% of tests read were positive.

## B.C.G. Vaccination

The method now in use is the percutaneous one using the Heaf multiple puncture apparatus with 20 needles and percutaneous freeze dried B.C.G. vaccine. Although this method simplifies and speeds up B.C.G. vaccination, in contrast to the Intradermal method, no scar is left. This lack of a scar after B.C.G. vaccination is important as many children under 5 years of age who have become tuberculin positive as a result of B.C.G. vaccination might now be notified as cases of pulmonary tuberculosis in complying with the latest State Health Department requirements. In this connection, however, it has been observed that a B.C.G. conversion is only "mild" and not more than a 1 plus positive tuberculin test results therefrom. In a child with active primary tuberculosis the tuberculin test is usually 2 plus positive and more.

All tuberculin negative children as well as newborns in these areas are given B.C.G. at the Cato Manor and kwaMashu clinics.

## (C) Umhlatuzana Clinic

This clinic is run by the Local Health Commission and interalia serves a small number of pulmonary tuberculosis patients living in the Umhlatuzana area which became incorporated into Durban at the end of 1961. As these patients are mainly Bantu and will not be transferred to the Asiatic tuberculosis clinics in Chatsworth itself, it is proposed to continued treating them at the Local Health Commission clinic as long as this is feasible.

During 1963 the following figures reflect work performed there relative to City cases :-

Total attendances	848
New pulmonary tuberculosis notifications	22

## Expansion of Clinic Services

With plans for the establishment of new tuberculosis clinics at Merebank and Chatsworth completed, it is proposed to commence these clinics as well as a new clinic at Lamontville during the first half of 1964.

The success of the Cato Manor and kwaMashu clinics has amply demonstrated the necessity for providing peripheral tuberculosis clinic services in the various outlying townships in Durban.

## B.C.G. Vaccination

Figures for B.C.G. vaccination at the various tuberculosis clinics have already been given, as well as a certain amount of B.C.G. immunisation done as field research work by the Durban Chest Clinic. In addition to this, however, it is this Department's policy to provide B.C.G. vaccination for all newborns, and to this end, all newly born babies at King Edward VIII and McCord Zulu Hospitals are given B.C.G. vaccine there. Thus, during 1963 B.C.G. vaccine was administered to 2,239 newborns at McCord Zulu Hospital and 11,183 newborns at King Edward VIII Hospital.

The total number of B.C.G. vaccinations administered in Durban during 1963 was made up as follows :-

McCord Zulu Hospital newborns	2,239
King Edward VIII Hospital newborns	11,183
Durban Chest Clinic	1,887
Durban Chest Clinic field work	3,784
kwaMashu Tuberculosis Clinic	2,734
Cato Manor Tuberculosis Clinic	316
Total	<u>22,143</u>

#### Supplementary Food Rations for Indigent Tuberculosis Cases

A sum of R9,000 was spent on supplementary rations for indigent tuberculosis patients during 1963 and this amount allowed for approximately 175 out-patients to obtain rations every week. Rations are given out from the central offices as well as from the peripheral clinics and the system functions well. Rations were supplied to tuberculosis patients as follows:-

Age Group	E		C		A		B	
	Patients	Rations	Patients	Rations	Patients	Rations	Patients	Rations
0 - 4 years	—	—	6	48	—	—	59	613
5 - 8 years	—	—	9	96	4	43	23	210
9 - 12 years	—	—	—	—	10	114	18	203
13 years +	13	140	112	1,077	127	1,271	500	4,783
Total	13	140	127	1,221	141	1,428	600	5,809

#### Domiciliary Assistance

Various forms of aid are given to indigent pulmonary tuberculosis patients under the following categories :-

1. Supplementary food rations from the Local Authority. (7/8ths Government refund).
2. Government disability grants
3. Maintenance grants for the families from the respective Welfare Departments.
4. Grants from the Natal Anti-Tuberculosis Association (Voluntary Welfare Organisation).

This Department's Health Visitors investigated and recommended the appropriate assistance required, and moreover serve on the Care Committee of the Natal Anti-Tuberculosis Association.

This latter welfare organisation which is a foundation member of S.A.N.T.A., does invaluable work in assisting needy patients and families and also helps to find employment for tuberculosis patients. During 1963 an amount of R14,683 was distributed to 909 patients, and work was found for 610 tuberculosis sufferers who once again became fit for work. Considerable care is taken to ensure that tuberculosis sufferers obtain all available grants whatever the source. Much is also done in the way of arranging remission of rents and maintaining hire-purchase agreements. While this organisation cares for the European, Coloured and Bantu, care work for Asiatics is performed by F.O.S.A.

#### Conclusion

Tuberculosis has been and will remain the major health problem in Durban for years to come. Although there has been a noticeable drop in the number of new notifications and the attack rate over the last two years in Durban, this City's attack rate for Bantu is still above that for the Republic as a whole.

Great claims have been made in the past with the introduction of new anti-tuberculous drugs, and more recently of B.C.G. vaccination. The practical application of these has left no room for complacency and it is obvious that perseverance with all means at one's disposal to provide the best treatment must be continued. This includes the hospitalisation of cases and the isolation of an infectious patient, no matter how great a task this may seem. Isolation of an infectious case is after all one of the most basic and important principles in the management of any infectious disease.

## VI VENEREAL DISEASES

### INTRODUCTION:

The clinics for venereal diseases continued to function satisfactorily throughout the year, the overall attendances being much the same as in the previous year. The figures quoted in this report refer only to those cases treated at the Municipal Non-European clinics and the clinic at Addington Hospital. There is no record of cases treated at other institutions or by district surgeons and private practitioners who are not required to make any return to the local authority.

### NEW CASES:

The total number of new cases showed an increase of 1,142 (6.6%) over the previous year.

New cases of syphilis decreased by 16.5%, whilst gonorrhoea in male patients showed an increase of 17.8%.

### TOTAL ATTENDANCES:

The total attendance figure of 52,644 showed a drop of 3,313 (5.9%) compared with the previous year (55,957).

### CLINIC SERVICE:

Addington Hospital: One clinic session is held each day for European and Coloured cases in premises apart from the normal out-patient department but within the hospital precincts. The clinic is administered and staffed by this Provincial Hospital, which is reimbursed on a per capita basis by the Durban Corporation in respect of City cases.

Race	New Cases	Total Attendances
European	826	2,449
Coloured	515	2,082

Congella: This clinic is situated in the grounds of the King Edward VIII Hospital, utilising the hospital building, but administered and staffed by the City Health Department. The clinic is open throughout normal working hours, with a late session once per week, and together with Cato Manor and kwaMashu Clinics serves the Bantu and Asiatic communities.

Cato Manor: One session per week is at present sufficient to cope with the decreasing number of patients. Due to slum clearance at Cato Manor it is only a matter of time before the clinic will be closed altogether.

kwaMashu: One morning session of 3 hours per week is sufficient for the number of patients attending this clinic.

The Congella clinic provides the staff for these clinics.

Clinic	New Cases		Total Attendances	
	Male	Female	Male	Female
Congella	11,269	4,442	32,887	12,094
Cato Manor	60	219	192	697
kwaMashu	210	826	433	1,810

## WARD ADMISSIONS:

There are two wards for patients suffering from venereal diseases at Clairwood Hospital, consisting of 20 female and 19 male beds. During the year 1,021 cases were admitted to hospital.

## CONTACTS

The tracing of contacts showed a great improvement and 31% of the contacts attended the clinic for investigation and treatment.

## SIDE ROOM:

In order to establish an early diagnosis, microscopic examinations of all discharges are carried out in the side room at every clinic session. When necessary examinations by means of dark ground illumination were also performed.

The following examinations were carried out in the side room at Congella Clinic:

Smears	16,550
Urine	2,225

## LABORATORY

The following number of serological examinations for Syphilis were carried out at the Government Laboratories, Curried Road:-

Kolmer	): 25,099
V.D.R.L.	)

## ANTE NATAL

Ante natal cases totalling 896 were referred to the Special Clinic for serological examinations. Of these, 400 proved positive and were treated.

STATISTICAL SUMMARY (ALL RACES) TREATED IN 1963

		European		Coloured		Bantu		Asiatic		TOTAL	
		City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City	City	
		M	F	M	F	M	F	M	F	M	F
New Cases	381	51	388	6	348	133	34	—	8,889	3,741	1,828
Out-patient attendances	1,403	144	896	6	1,599	400	82	1	26,505	10,203	5,182
Ward admissions	—	—	—	—	—	—	—	—	203	462	82
									254	7	13
									—	—	—
									1,021		1,021

**VENEREAL DISEASES AMONG BANTU AND ASIATICS**

		New Cases		Total Attend- ances	
		Male	Female	Male	Female
1	Sero-Negative Primary Sy.	349	4	1,611	18
2	Sero-Positive Primary Sy.	164	56	1,227	140
3	Secondary Sy.	144	523	323	1,002
4	Tertiary Sy. (Recognised Clinically)	3	—	15	—
5	Latent (Diagnosed on result of Serological Test alone)	68	220	3,422	2,654
6	Neuro-Syphilis	—	1	—	2
7	Congenital Sy. (Under 1 yr.)	24	29	48	48
8	Congenital Sy. (Over 1 yr.)	11	11	18	14
	Total Syphilis	763	844	6,664	3,878
9	Gonorrhoea	5,246	1,591	8,400	3,640
10	G.C. Vulvo-Vaginitis		13		32
11	G.C. Ophthalmia	10	7	15	15
	Total G.C. Infections	5,256	1,611	8,415	3,687
12	Ulcus Molle	1,804	124	4,180	221
13	Lymphogranuloma Venereum	551	12	1,677	25
14	Granuloma Inguinale	1	—	4	—
15	Venereal Warts	346	68	1,423	171
16	Non-Specific Urethritis	2,062	2,539	5,532	6,449
17	Non-Venereal	1,668	652	5,045	1,826
	Total	6,432	3,395	17,861	8,692
	GRAND TOTAL	12,451	5,850	32,940	16,257

## VII IMMUNISATION

During the year under review, the important task of immunising susceptible members of the community against the preventable infectious diseases was strenuously pursued. The Department's programmes, as in the past, have been organised along three main routes :-

- (a) Immunisation at child health clinics;
- (b) Campaigns in thickly populated areas, particularly in regard to the non-European community;
- (c) Immunisation at schools.

### Smallpox Control

Vaccination against smallpox was carried out at all child health clinics and in the congested areas of the City by means of the Mobile Immunisation Van. In August, a case of variola minor was discovered in Cato Manor. Vaccination against the disease was commenced immediately in the area where the case lived, using several teams of vaccinators, with broadcast vans and house-to-house combing in order to achieve maximum coverage. Intensive vaccination programmes were then commenced in the various other non-European areas, with the assistance of the Health Education Section.

During the year 174,658 persons were vaccinated by this Department, comprising :-

Europeans	7,687
Coloureds	6,487
Bantu	87,217
Asiatics	73,270
<hr/> Total	<hr/> 174,658

In addition 66,097 Bantu were vaccinated at the Municipal Bantu Administration Department.

### Combined Diphtheria, Whooping Cough and Tetanus

Immunisation against the above diseases was carried out at the Immunisation Clinic and at most Child Health Clinics.

Letters were sent to all European, Coloured and Asiatic mothers when their children were due to be immunised. The attendances at the various sessions were good but great difficulty was experienced in getting parents to return with the children for the completion of their courses despite every endeavour being made by this Department.

The following table sets out the details of the children immunised.

	Combined Diphtheria, Whooping Cough and Tetanus				
	E	C	B	A	Total
1st Injection	2,566	1,402	8,243	7,474	19,685
2nd Injection	2,325	1,091	4,680	5,955	14,051
3rd Injection	2,123	910	3,123	4,818	10,974
Booster	152	10	1	4	167
<b>TOTAL</b>	<b>7,166</b>	<b>3,413</b>	<b>16,047</b>	<b>18,251</b>	<b>44,877</b>

### Diphtheria Tetanus

Immunisation against diphtheria and tetanus was chiefly carried out at the schools. All Government, Government-aided, private schools as well as nursery schools which cater for children under 10 years of age were visited by the Immunisation Unit who immunised all the children whose parents desired to have their children protected.

Details of injections given are set out hereunder :-

	E	C	B	A	Total
1st Injection	2,643	1,374	3,979	7,809	15,805
2nd Injection	1,879	1,243	3,531	6,835	13,488
3rd Injection	736	896	1,815	6,747	10,194
Booster	3,030	368	45	761	4,204
<b>TOTAL</b>	<b>8,288</b>	<b>3,881</b>	<b>9,370</b>	<b>22,152</b>	<b>43,691</b>

### Typhoid Control

Clinic sessions were held twice a week through the year when selected groups of food handlers were vi-tested and immunised against typhoid. Those vi-tested comprised :-

Europeans	6
Coloureds	10
Bantu	791
Asiatics	79

The following injections were given :-

	E	C	B	A	Total
1st Injection	48	19	803	82	952
2nd Injection	29	13	586	62	690
Boosters	11	—	442	30	483
<b>TOTAL</b>	<b>88</b>	<b>32</b>	<b>1,831</b>	<b>174</b>	<b>2,125</b>

### Poliomyelitis

Immunisation against Poliomyelitis has been carried out at all Child Health and Immunisation Clinics. Sessions were also held in various selected congested areas.

The following table sets out the details of the number of persons who received the anti-poliomyelitis syrup.

ORAL POLIOMYELITIS

Dose	Under 1 year			1 - 6 years			School Age			Adults			Total
	E	C	B	A	E	C	B	A	E	C	B	A	
1st	3,183	1,024	5,855	6,314	789	634	6,994	4,606	67	80	1,566	846	429
2nd	2,738	691	2,967	3,893	918	585	4,408	5,864	86	71	1,174	1,556	436
3rd	2,328	505	1,715	2,442	1,264	658	3,177	5,282	218	67	457	1,398	468
Total	8,249	2,220	10,537	12,649	2,971	1,877	14,579	15,752	371	218	3,197	3,800	1,333
									295	3,073	295	3,073	6,044
													87,165

Total Oral Poliomyelitis

<u>European</u>	<u>Coloured</u>	<u>Bantu</u>	<u>Asiatic</u>	<u>Total</u>
12,924	4,610	31,386	38,245	87,165

**IMMUNISATION**

**Diphtheria Injections**

	Under 1 year			1 - 6 years			School Age			Adults			Total
	E	C	B	A	E	C	B	A	E	C	B	A	
1st	-	1	-	-	1	1	-	1	3	2	-	2	12
2nd	5	-	2	-	1	1	-	1	1	2	-	-	13
Total	5	1	2	-	2	1	1	2	3	3	2	-	25
Boosters	-	-	-	-	2	-	-	-	16	-	1	1	20
<b>Combined Diphtheria, Whooping Cough and Tetanus</b>													
1st	2,291	1,078	5,812	4,601	275	324	2,431	2,873	-	-	-	-	19,685
2nd	2,041	800	3,069	3,462	284	291	1,611	2,493	-	-	-	-	14,051
3rd	1,816	612	1,804	2,494	307	298	1,318	2,322	-	-	-	-	10,974
Total	6,148	2,490	10,685	10,557	866	913	5,360	7,688	-	-	-	-	44,710
Boosters	3	-	-	-	149	10	1	4	-	-	-	-	167
<b>Typhoid Injections General</b>													
1st	-	-	-	-	-	-	2	3	1	-	-	45	18
2nd	-	-	-	-	-	-	1	-	-	-	-	28	13
Total	-	-	-	-	-	-	2	4	1	-	-	73	31
Boosters	-	-	-	-	-	-	-	-	-	-	-	11	11
<b>Diphtheria and Tetanus</b>													
1st	36	28	185	214	342	122	887	988	2,265	1,224	2,907	6,607	-
2nd	20	22	93	146	130	72	425	590	1,729	1,148	3,013	6,099	-
3rd	40	21	28	142	140	104	202	548	552	771	1,585	6,057	4
Total	96	71	306	502	612	298	1,514	2,126	4,546	3,143	7,505	18,763	4
Boosters	-	-	-	-	817	119	10	162	2,212	249	35	599	1
<b>Food-handlers - Vi-tests</b>													
1st	-	-	-	-	-	-	-	-	3	-	1	2	-
2nd	-	-	-	-	-	-	-	-	1	-	2	-	-
Total	-	-	-	-	-	-	-	-	3	-	1	4	-
Boosters	-	-	-	-	-	-	-	-	1	-	-	-	2
<b>Vaccinations</b>													
Total Vaccinations.	3,172	1,625	11,746	10,131	1,339	1,262	15,195	18,827	314	191	1,872	377	886
Total	87,217	73,270	6,487	7,684	6	10	79	79	10	79	1,872	377	886

	European	Coloured	Bantu	Asiatic	Total
1st	-	-	-	3	-
2nd	-	-	-	1	-
Total	-	-	-	1	-
Boosters	-	-	-	1	-
<b>European</b>					
Vaccinations	3,172	1,625	11,746	10,131	1,339
Total	87,217	73,270	6,487	7,684	6
<b>Coloured</b>					
Vaccinations	1,872	377	2,853	3,405	3,405
Total	174,658	174,658	174,658	174,658	174,658
<b>Bantu</b>					
Vaccinations	1,872	377	1,872	1,872	1,872
Total	174,658	174,658	174,658	174,658	174,658
<b>Asiatic</b>					
Vaccinations	1,872	377	1,872	1,872	1,872
Total	174,658	174,658	174,658	174,658	174,658

## VIII MATERNAL AND HEALTH

### MATERNAL HEALTH

#### Ante-Natal Clinics

Ante-Natal clinics were held throughout the year for mothers of all races who did not intend to have a medical practitioner in attendance at the time of the confinement. The attendances at these clinics remained low, as most mothers preferred to go to hospital or to make use of the expanded midwifery services provided by the following institutions:

<u>European</u>	Addington Hospital (Provincial) Mothers' Hospital
<u>Coloured</u>	Addington Hospital (Provincial) McCord Zulu Hospital
<u>Asiatic</u>	King Edward VIII Hospital (Provincial) McCord Zulu Hospital
<u>Bantu</u>	King Edward VIII Hospital (Provincial) McCord Zulu Hospital Polyclinic, kwaMashu (Provincial)

Set out below are details of City Health Department clinics and attendances thereat:

	E	C	B	A	Total
No. of Ante-Natal Clinics	12	12	28	101	153
Total attendances of expectant mothers	62	22	53	2,682	2,819
No. of Ante-natal Visits	68	4	515	569	1,156
No. of Post-natal Visits	5	9	4	1,209	1,227

#### Supervision of Midwives

One Health Visitor supervises the work of the midwives in private practice, and investigates any cases of stillbirth, puerperal sepsis and ophthalmia neonatorum which might occur in their practices.

The registered and uncertificated European and Coloured midwives have their equipment and registers examined every three months whilst the uncertificated practising Asiatic midwives' equipment was examined each month.

The following sets out the work performed :

	E	C	B	A	Total
No. of registered midwives on list	6	4	—	—	10
No. of untrained midwives on list	—	3	—	94	97
No. of registered midwives who have ceased to practise	1	—	—	—	1
No. of untrained midwives who have ceased to practise	1	—	—	3	4
No. of women practising midwifery who have been warned not to do so unless they apply to have their names on the list	—	—	—	7	7
No. of registered midwives reinstated during year	1	1	—	—	2
No. of midwives' bags examined	14	17	—	739	770

	<u>E</u>	<u>C</u>	<u>B</u>	<u>A</u>	Total
No. of midwives' bags replenished	—	41	—	1,415	1,456
No. of Midwives' dressings sterilised	—	52	—	1836	1,888
No. of visits to midwives at their homes or at patients' homes	—	5	—	183	188
No. of midwives who were warned for failing to comply with the regulations	—	—	—	3	3

The undermentioned births were attended by midwives, including the midwives in the employ of the Provincial Administration:

Race	Registered Midwives	Unregistered Midwives	Total
European	108	1	109
Coloured	201	14	215
Bantu	1,648	72	1,720
Asiatic	1,333	1,312	2,645
Total	3,290	1,399	4,689

The following is a brief report by the part-time medical specialist in charge of ante-natal clinics (Dr. L. Raftery, F.R.C.O.G., M.M.S.A., M.R.C.S., L.R.C.P.).

"The last year has shown continued progress in our work in the Ante-Natal Clinics. Although the number of mothers attending has dropped, this is due to greater hospital space now being available and not to any decline in the quality of or need for these Clinics. There are still thousands of mothers who desire home delivery and whose income prevents their having full medical attention in their confinements at home. Therefore the need for the bag-nurses and the supervision of the ante-natal care remains an essential Health Service. In fact it is a very exacting service in that we have to take great care to sort out the cases without mistake into those who may have complications and must be directed to hospital or doctor and those who have all the signs of having an easy enough delivery to be safe in the hands of the "bag" nurses.

One of the biggest problems still lies in the severe and commonly occurring anaemia found in the Indian women due largely to malnutrition and poor incomes. Thanks are due to the maternity departments of the Durban hospitals who co-operate so well in the necessary transfusion build up of these anaemic patients. There are many of course who have been saved from the time and expense of attending hospital by our being able to build their blood counts with iron compounds.

We have another problem in the many very small babies born to many Indian women.

Again I have to pay tribute to the excellence of the work of the ladies with whom I am associated from the senior health visitors to the junior health assistants. There is no limit to their interest in their work, their energy and enthusiasm to bring good health to the women and children of Durban."

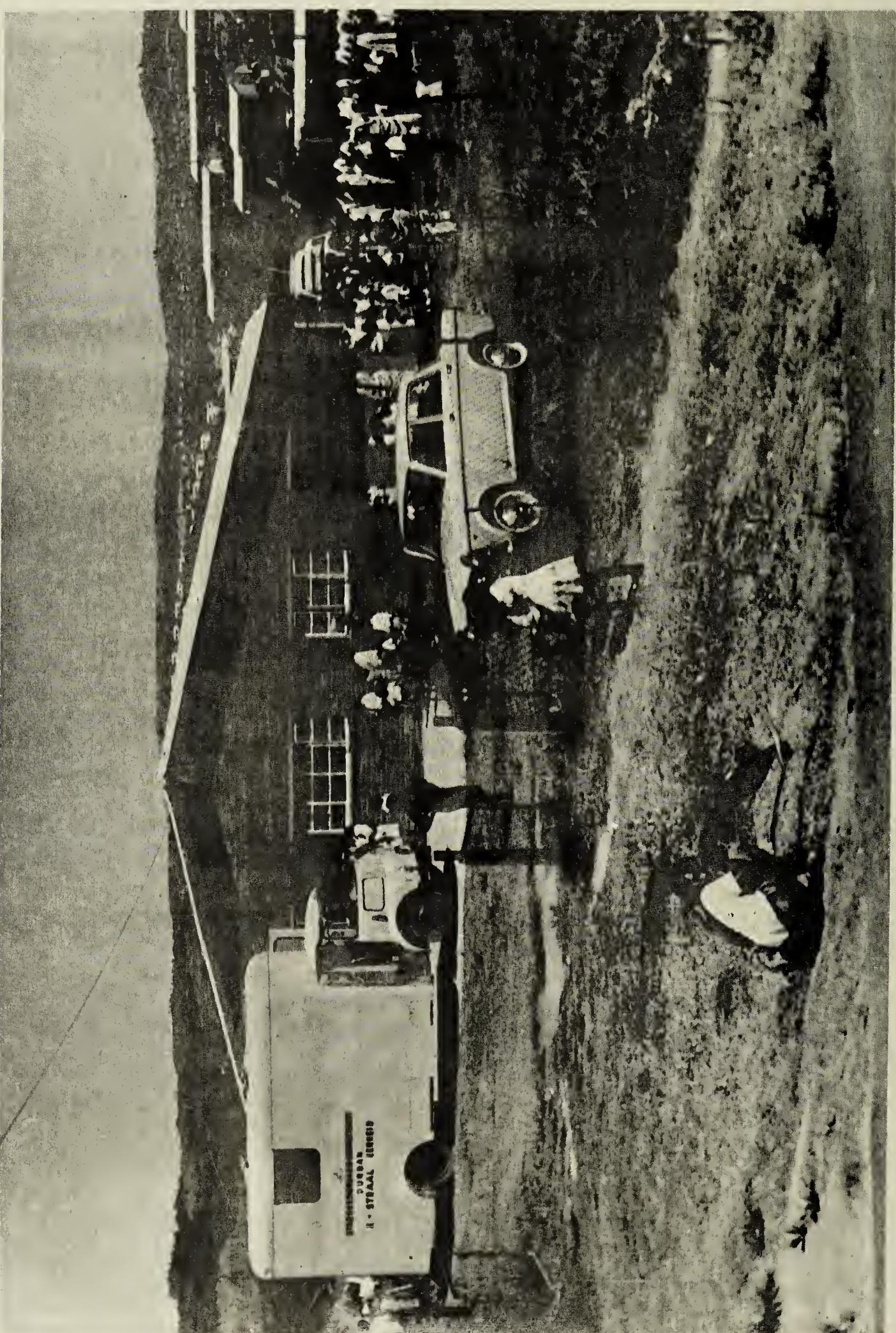
## CHILD HEALTH

The child health clinics, which are held in various parts of the City, have been very well attended. The primary function of the service is advisory and educational, and to prevent disease and promote a condition of positive health. Clinic sessions are held at 34 different centres in the City. At some centres daily sessions were held, whilst weekly sessions were sufficient in the less congested areas.

The total attendance during the year was 562,183 as compared with 493,555 during 1962.



CHILD HEALTH AND TUBERCULOSIS CLINIC -  
CHATSWORTH INDIAN TOWNSHIP



### Chatsworth Clinic (Asiatic)

In July 1963 the first purpose-designed clinic in the Chatsworth area was completed. It is situated in the Unit centre of Neighbourhood Unit No. 2 and serves the Eastern portion of the new Chatsworth Township. Sessions are held bi-weekly, and will be extended to daily sessions when warranted.

### Westridge Clinic

The Westridge Clinic has served European, Coloured and Asiatic families in the area for many years. However, construction of a National Road necessitated the removal of the building, which was of a prefabricated type, to nearby Mayville. Here it continued to serve, perhaps even more conveniently, the Asiatic and Coloured communities. There being no suitable vacant site within the built up European area, the hiring of a portion of the Lawn Tennis Association premises in the Westridge complex was undertaken.

### Greenwood Park Clinic (Coloured)

When part of the Greenwood Park area was proclaimed for occupation by the Coloured group in terms of the Group Areas Act, a number of European families left the area and the Coloured population increased. It then became possible to reduce the European clinic sessions to once fortnightly and introduce a coloured clinic session on the alternate Thursday.

### Brook Street Clinic (Asiatic and Bantu)

The above clinic premises were not only too small for the increased number of attendances but dilapidated and, furthermore, the property was required for future development of the Market. The old Police Station at Warwick Avenue was renovated and converted into satisfactory clinic premises by April 1963.

The following schedule set out details of attendances at the Child Health Clinics.

Details	Non-European					Grand Total Jan.-Dec. 1963
	Eur.	Col.	Bantu	Asia.	Total	
Total number of sessions	975	336	1,551	918	2,805	3,780
Total sessions for children	963	324	1,523	817	2,664	3,627
Total ante-natal clinics	12	12	28	101	141	153
Total attendances at clinics	55,953	49,344	233,975	222,911	506,230	562,183
New cases out of above number	3,988	2,571	20,935	14,984	38,490	42,478
Total attendances of infants	27,288	14,609	75,588	73,074	163,271	190,559
Total attendances of toddlers and pre-school children	16,288	23,854	91,235	86,554	201,643	217,931
Total attendances of nursing mothers	12,315	10,859	67,099	60,601	138,559	150,874
Total attendance of expectant mothers	62	22	53	2,682	2,757	2,819
Number of test feeds given	138	21	—	12	33	171
Number of mothers instructed in treatment of minor ailments	2,017	2,694	35,607	21,404	59,705	61,722
Number of health talks and demonstrations given	2,688	1,683	10,354	7,748	19,785	22,473
Number of cases seen by doctor	4,694	1,578	2,864	2,564	7,006	11,700

### Home Visiting

This important aspect of child care has been maintained throughout the year. All mothers who had not had a private doctor in attendance for their confinements were visited soon after discharge from hospital or when the midwife had terminated her attendance in the home.

Among other visits were those for babies who needed mid-week checks between clinic attendances and routine periodical visits to non-clinic mothers.

These visits provide a means of detecting physical or mental handicaps or some disturbance in family relationships at a stage when help may be of the most use. Mothers are advised on matters such as infant feeding, general care of the child and of immunisation against the various infectious diseases.

The following home visits were undertaken during the year

	<u>E</u>	<u>C</u>	<u>B</u>	<u>A</u>	<u>Total</u>
First Visits	2,529	1,545	8,708	10,808	23,590
Re-visits	6,263	761	1,695	1,281	10,000

#### State Subsidised Milk Scheme

The state Subsidised Milk Scheme to combat kwashiorkor continued to function well at all child health clinics throughout the year. This milk is issued only to children attending these clinics, the need for subsidised milk being assessed by the Clinical Medical Officer and Health Visitor attending the case. The correct use of the milk was taught and demonstrated to mothers at the clinic.

In May 1963 authority was received for an increase in the subsidy from R4,000 to R8,000 per annum (sufficient for 160,000 lbs. of milk powder). A total of 137,664 lbs of State subsidised milk was issued over the year of which 11% was distributed free.

Since the introduction of milk feeding schemes in Durban in 1958 cases of kwashiorkor and other nutritional deficiency diseases have been seen less and less frequently at Municipal child health clinics. The incidence of these diseases is certainly lower amongst the section of the population which utilises these facilities regularly but there is undoubtedly a high incidence amongst the Bantu who do not. Every effort is made to attract mothers and babies to clinics and although the success of this is to be seen in the ever increasing attendances, much remains to be done in this direction.

The number of deaths recorded, from kwashiorkor and malnutrition in the under 5 years age group since 1958, is set out in the table below:-

Deaths from Kwashiorkor and Malnutrition  
(Under 5 years of age)

	<u>E</u>	<u>C</u>	<u>B</u>	<u>A</u>	<u>Total</u>
1958	1	—	305	30	336
1959	—	1	145	6	152
1960	—	1	121	2	124
1961	—	2	109	17	128
1962	—	2	102	8	112
1963	—	2	83	4	89

Kwashiorkor was declared a notifiable disease in September 1962 and during the year 1963, 20 Coloured, 707 Bantu and 20 Asiatic cases were notified to the Department as City Cases. It was not possible to investigate every case although this is considered desirable. However, it is hoped to be able to do this in the forthcoming year. A survey undertaken for a period of one month showed that approximately 50% of those cases notified came from outside the Borough.

#### Clinical Medical Officer's Report:

The Senior Clinical Medical Officer, Dr. H.A.B. Pletts, comments inter alia as follows :-

"Clinically speaking, the year was not eventful. Smallpox loomed on the horizon and provided a welcome boost to the public response to vaccination, which was intensified in all the areas during July and August. Among the Africans a surprising number of the mothers were vaccinated for the first time. For the rest, the seasonal maladies predominated, gastro-enteritis in the early part of the year, respiratory tract infections in winter.

The dried milk scheme is now a routine, and has brought many babies to clinics, thus enabling the staff to propagate more health education principles and lay a greater stress on prevention of ill-health. The need is felt at times for a greater amount of full-crean milk for it is not infrequently the case that a mother must go back to work and leave the baby to be fed artificially in the early months of life. Dried skimmed milk at this stage is inadequate for their full nutrition. It is significant however that very little kwashiorkor is seen, although one meets varying degrees of general malnutrition.

The work of the clinics calls for a high standard of application to duty from the staff concerned, and true to tradition they have not been found wanting."

### **Nursery Schools, Creches, Play Centres**

Several requests were made by persons anxious to open creches and others wishing to make improvements to their existing centres. Following satisfactory reports from this Department two new creches were registered by the Department of Social Welfare.

### **Medical Awards to Student Nurses**

The following nurses were selected to receive the City Council's annual awards for the most outstanding nurses in training at the various training hospitals in the City.

In selecting the candidate the Committee takes into consideration the examination results, standard of practical work attained and the personal qualities and attributes of the various nurses.

The awards for 1963 were as follows :-

Addington Hospital	Gold Medal	Nurse Lynette Merle Jackson
Entabeni Hospital	Silver Medal	Nurse Rosemary Cadby Morgan
St. Augustine's Hospital	Rolled Gold Fob Watch	Nurse Susan Jane Atkinson
McCord's Zulu Hospital	Stainless Steel Fob Watch	Nurse Vera Runa Linna Stavman
King Edward VIII Hospital	Stainless Steel Fob Watch	Sister Permin
	Rolled Gold Fob Watch	Nurse Edith Msomi
	Stainless Steel Fob Watch	Nurse Boniswa Nomashiya Georgia
		Nurse Rosemary Papiah

### **Exfoliative Cytology**

In July, 1962, the City Council approved in principle of the establishment of a scheme whereby the City Council would assist Durban women by making available facilities for the diagnosis of cervical cancer in its early stages, for a trial period of two years. The facilities to be provided would include the laboratory examination of vaginal smears by means of exfoliative cytology, but not the examination of patients or the taking of smears.

The additional posts required for the implementation of the scheme, consisting of a consultant in exfoliative cytology with access to a suitably equipped laboratory, a part-time cytotechnologist and a full-time laboratory assistant, were approved by the City Council in September, 1962, and staff were engaged with effect from 3rd January, 1963. All medical practitioners in private practice in Durban were circulated with full particulars of the scheme, which involved only private patients. Smears were not accepted from out-patient departments of Provincial hospitals, which were regarded as a provincial responsibility. Women were required to request their medical practitioners to take the necessary vaginal smears, which were then received by the City Health Department. The Medical Officer of Health in turn furnished the doctors concerned with the laboratory reports, free of charge.

General publicity was given by the press to the facilities that had been made available and the value of making use of them. The National Cancer Association kindly assisted by providing facilities for a collection depot for smears in their centrally situated offices and also by giving additional publicity for the scheme.

Since the inception of the scheme the demand has been fairly constant and by the end of the year a total of 2,614 smears had been examined. Of this number 2,477 were from Europeans, 8 from Coloureds, 8 from Bantu and 101 from Asiatics. Thirty-four were 'repeat' smears, these having been requested by the consultant. Two-thirds of the women examined (67%) were between 30 and 50 years old and only 13% were below this age, the remaining 20% being over the age of 50.

As a result of this service 12 cases of malignant disease were discovered (confirmed by histological examination of biopsy specimens). One of these cases was an Indian woman and the remainder European. Seven of them were over the age of 50 years. Although the great majority of the smears were taken as a routine investigation to exclude cancer, this did not apply in all cases. Of the 12 confirmed cases 4 presented with symptoms which may well have led to the diagnosis being made had this service not been available. Five cases had a carcinoma-in-situ, 4 early invasive squamous carcinoma and 3 adeno carcinoma.

These results are regarded as ample justification for the relatively small expenditure involved and it is hoped that more and more women will make use of the facilities provided. Although the Durban Corporation scheme is for private patients only, the Provincial Hospital Service provides exfoliative cytology facilities at Addington Hospital and King Edward VIII Hospital.

The Consultant in exfoliative cytology (Professor D. Crichton, M.B., Ch.B., D.Phil., F.R.C.S., F.R.C.O.G.) comments as follows :

"The objectives of the City Council, the Medical Officer of Health and my own in providing a Free Exfoliative Cytology Diagnostic Service to Durban Women are being attained and progressive gratifying results can be expected along the following lines :

- (1) More women are receiving a guarantee of cure from genital cancer in place of previous protracted fear of recurrence and anticipated likelihood of death therefrom despite adequate treatment.
- (2) More conservative treatment is being rendered possible in this cure of genital cancer whereby femininity can be preserved.
- (3) Far more relief is being provided than was previously realised to those many women who secretly harbour inward fears of genital cancer. This has been a particularly gratifying off-shoot of the programme.
- (4) A decisive "first step" has been made in the direction of rendering uterine cancer a preventable disease in our City."

## IX HEALTH EDUCATION

Clinical Medical Officers, Health Visitors and Health Inspectors contribute in no small manner to public education on health matters during their normal course of duty. Medical Officers of Health supplement this programme by statements to the press and radio and talks to voluntary associations and other bodies and also by lectures and talks to health personnel. A major role in health education, however, is played by the members of the Department's Health Education Section, particularly in the non-European field. The following account of the activities and problems faced by this section has been prepared by the Health Educator and presented in her own words.

\* \* \*

### BANTU

Although statistically the highest teaching thrust was made in the immunisation category, notably for poliomyelitis (3,933 sessions) and smallpox (3,195) yet it was in the fields of Nutrition and Tuberculosis that signs of encouragement were encountered.

### NUTRITION

As certainly as a farmer operates the immortal law of reaping what he sows, so certainly also the cumulative effect of years of teaching nutrition has begun to blossom into ripe effectiveness in the lives of many Bantu. One has waited for years to see an alteration in Bantu dietary habits. More time has been spent on teaching the meaning of balanced diet to factory men than any one other section of the community and it is from that quarter that a small harvest of encouragement is being gleaned. It should be noted that as a teaching subject to Bantu nutrition has always had its peculiar difficulties, some of which are :-

- (1) Bantu are not easily convinced that their physical condition is in the process of deterioration through wrong or under feeding when they see no immediate visible manifestation of disease. When they are given indications that their diet is deficient they will frequently reply that apart from feeling tired they are "in life well". Many men making white bread and mineral their lunch, with mealie meal for their breakfast, have laughed incredulously at the suggestion that they were on the gradient downwards from health to its decimation. Perhaps the most awakening illustration employed in this connection has been the use of colour pictures of ill conditioned cows with ribs protruding feeding on the depleted pale grass of wintry pasturage compared with the fat beasts with gleaming coats flourishing on lush green grass and supplementary feeds furnished by farmers.
- (2) Another misconception to be corrected and dispersed was that filling the stomach and satisfying hunger was all the body required; there seemed to be no remote awareness that the body required varieties of food for its varieties of needs.
- (3) Many factories requested nutrition teaching sessions on the advice of their factory doctors that men were falling victims to ill health on account of their dietary habits, particularly in regard to the use of beer instead of food. This is contrary to Bantu traditional custom as practised in the kraals where food is always eaten before the Kamba of beer is offered. Over the past years a change in the eating habits of factory men has been noticed in Bantu eating houses; particularly significant was the inclusion of portions of cheap cuts in their noon meal. Intrigued, lecturers who observed this began questioning men as to the reason for

their choice of food. It became quite a commonplace for Bantu to look up and say, "You should know, you came to the factory with films - models etc., and don't you remember me?" It was decided to try and arrive at some very rough approximation of how far this change of diet could be directly attributed to the Department's teaching through the years. Accordingly three staff members undertook an inquiry, the results of which are shown hereunder :-

Number of Bantu male Factory Workers interviewed at Municipal Eating Houses	Dietary habits of Factory workers acquired through teaching media of -				Not directly attributable to Health Education Section Various *****
	Seminar *	Films **	Models ***	Van and/or Loudhailer Groups ****	
Lecturer (1) 256	94	73	5	36	48
Lecturer (2) 301	6	99	74	70	52
Lecturer (3) 476	63	99	122	110	82
1,033	163	271	201	216	182

Total = 851 = 82%

\*Seminar - Refers to a course arranged by the National Development and Management Foundation (Natal) for Bantu under the heading "Basic Principles of Supervision for Bantu."\*\*

Natural leaders or official supervisors from factories were chosen as delegates to the Seminar and were those likely to be able to assimilate and impart their newly acquired knowledge to Bantu workers attending sessions at their own factories. The nutrition session of the seminar, two hours in length, was always conducted by Departmental Bantu staff and was invariably a highlight for Bantu because of the model and film visual aids employed. The series has been running for three years and different factories have been used as venues.

Factory workers in Municipal eating houses interviewed by lecturers in the "seminar" table above were amongst those who had applied the principles of balanced diet to their personal selection of food at Municipal eating houses. Hundreds of copies of the Zulu script on nutrition prepared by the Department have been distributed by the Foundation.

\*\*Films and \*\*\*Models / These are departmentally produced and used at factories whose workers eat at Municipal eating houses. All models are electrically operated, colour and animation being controlled by the lecturer.

Models to demonstrate kwashiorkor were also used in factories chiefly to teach Bantu fathers the cause of this disease which attacks their infants and for which the slaughtering of a goat to appease their ancestors is frequently regarded as remedial. This was also an occasion to appeal to fathers to use their traditional authority over their wives in regard to feeding their children correctly. Many men were as grateful as they were surprised at the cause of the disease.

\*\*\*\*Van and/or Loudhailer - Footmen with loudhailers taught groups of factory men outside working precincts, usually during the lunch break. The loudspeaker van was also used amongst groups of factory men outside working precincts. In this case visual aids were employed.

\*\*\*\*\*Various - These are sources not directly connected with Departmental work.

## SCHOOLS

(Libunjwa Liseva - Mould the clay when it is soft).

Nutrition education has been ploughed into fertile soil in Bantu Schools. Not only scholars but teaching staff were very responsive. It was noted in Bantu townships that the very young mothers, including those of illegitimate children, were keenly aware of the need of adequate diet for children and that they saw that the child health clinics were the answer to many of their problems. This results perhaps from years of steady teaching in schools where both kwashiorkor and nutrition models have been used for the young mothers of today were the seniors in our yesteryear school programmes.

Ninety-six demonstrations were given to 6,657 senior Bantu scholars.

Teaching sessions by loudhailer (2,310) and loudspeaker van sessions (96) were given in industrial compounds, townships, hostels and shacks.

## TUBERCULOSIS

The year's programme on this subject was constantly referred to by all Bantu lecturers as a "wrestling" with the public as never before. This was because the new slant on teaching was a grappling with "hoops of steel" binding the minds of Bantu to customs which so frequently defeat the scientific treatment of tuberculosis patients.

### ANCIENT CUSTOM BOLDLY CONDEMNED

It was found in a tuberculosis survey (1962) that almost every Bantu suffering from this disease practised the traditional custom of 'phalaza' (to induce retching). This practice obviously seriously militates against treatment. It had boldly to be condemned. Patients and their relatives had to be persuaded that in no circumstances should they practise this habit in which the agent used is a potent herbal emetic.

The attack on this almost sacred habit of phalaza in no way antagonized Bantu largely because it was always carefully preceded by an explanation of the well-known symptoms of the disease. Patients were so astonished at hearing an accurate description of how they suffered that they often remarked, "Hau! you are an isamgoma" (diviner). This frequently placed the lecturer in a position of standing equal to that of the medicine man and predisposed the Bantu to accept the "anti.phalaza" teaching. Discussions which ensued required time and infinite patience.

### "POISONED"

As during the survey so also during the year's teaching it was found that the belief of being poisoned by an enemy through the offices of an "Umthakathi" obsessed rural and town Bantu alike. This belief can best be explained by a typically common example.

'Mkize has tuberculosis and is an out-patient or even a hospital case. He deeply believes that he ate poisoned meat or food which lodged in his lung. He is convinced that no "European" pills nor injections can remove such a foreign body from his lung. Only a phalaza medium supplied by a diviner or medicine man could dislodge that "enemy".

In an anxiety to get rid of these alleged poisons in the lung, hospital patients by stealth often get strong potions brought to the hospital where, they use them secretly. Hospital and clinic patients seek lecturers at the Department to "whisper" this secret Bantu worry to them. One successful way of handling their dilemma is to explain with visual aids the digestive system and the process of respiration. After such teaching Bantu are usually satisfied that the white doctor does, after all, know what he is doing.

The five Bantu lecturers gave 2,459 visual aid or model demonstrations, mostly on the field, as follows:- 2,201 throughout Municipal townships, beer halls, eating houses and industrial compounds; 11 film sessions in schools to 972 scholars.

### DURBAN CHEST CLINIC (STATE HEALTH)

This has been a valuable "open door," where patients, urban and rural, susceptible to fear, looking for help, with minds confused, are taught how they can, by unswerving obedience to all

medical instructions; help set their own feet on the return path to health. Bantu lecturers insist on telling their compatriots that if they ignore clinic instruction and indulge their own ideas, there is nothing for them in the not too distant future but the "hole in the earth!"

The work entailed embraced 247 demonstrations to 8,264 patients at the above clinic, a session being conducted each day.

## IMMUNISATION

With visual aids, footmen with loudhailers and loudspeakers from vans, Bantu received 3,933 poliomyelitis, 3,195 smallpox and 257 diphtheria teaching sessions.

It is well known that in all non-European immunisation programmes there has to be continuity in urging the people, especially mothers, to attend clinic regularly with their children until at least the required course has been completed.

But in one section of a Bantu township there were not only the incompletely immunised courses, but also a seeming disregard or disinterest in poliomyelitis reflected in attendances at which only a few of the residents attended.

During the years it has been found that the best means of grappling with baffling behaviour patterns is to conduct a house to house investigation. Accordingly for seven days five lecturers with questionnaire forms interviewed householders. The official number of 'cabins' in the section under review was 2,360.

Interviews took place at 1,181 homes	=	50%
No interview, mothers working - 416 homes	=	17%
No interview, houses locked - 751 homes	=	33%
2,348 - leaving a balance of 12 houses which were unoccupied.		

## Procedure

Of the 50% interviewed the procedure was as follows :-

The parent submitted to the investigator the official form reflecting the number of children registered as living in each house. It was discovered that of those registered at home 27.50% in the age group, birth - 15 years, were not living at home but at the kraal either permanently or for a prolonged period. A proportion of these kraal children are recalled to the City at about seven years of age for schooling, others when they are old enough to seek employment. Of children at the kraal quite a number had received a first, sometimes a second dose - this accounted for a proportion of those who did not complete the immunisation course. It was not possible to make an accurate assessment.

## Nomads

Another factor in the uncompleted course category was the number of women who, though having a home in the township, visit the kraal and relatives so often that they are almost nomads. Again it was not possible to get an accurate percentage but they certainly were not a casual few.

## Visiting Mothers

Rural women frequently visit the township and remain for a few months with relatives especially when their husbands are working in the City. These also in turn take their children for an occasional anti-poliomyelitis dose but in a desultory manner, not bothering to complete the course. Often it is their first introduction to health education and it takes rural persons a long time to be wedded to a new idea, too long to complete the course.

## Other reasons for non-response

- (1) Two-thirds of the children of this section of cabins were illegitimate, many of their mothers being in a young age group and who habitually left their children to Granny's care. She would or could not be responsible for taking them to the clinic.

(b) A further percentage of mothers have fallen victim to the obsession of farfée gambling. Bantu lecturers who dealt with erring mothers on the woeful neglect of their children's physical needs remarked, "They hardly have time to cook once a day let alone take children to clinic."

There was an increase in attendances after the investigation.

In April attendances at the mobile poliomyelitis clinic were	253
In May " " "	144
In June, following the survey, attendances were	1,342.

This was due to using the survey as an occasion to leave notes under all locked doors and at mothers' houses urging them to make arrangements for children to be immunised. Neighbours and friends were personally exhorted by lecturers to discuss the matter with working or other mothers who could not take children and offer to take them as a neighbourly act.

Obviously similar house to house methods could not be applied regularly.

### SMALLPOX

Following the discovery of two separate cases of modified smallpox, the Department moved into a full scale vaccination programme in the areas concerned. In addition to press and radio publicity, the health education section used its own pressure techniques by means of :

Group talks with visual aids	1,137
Loudhailer talks with visual aids	1,583
Loudspeaker Van talks with visual aids	475
	<u>3,195</u>

### VENEREAL DISEASES

Nine hundred and seventy-four talks on this subject, always welcomed by Bantu men and women, were given at the central registration offices of the Department of Bantu Administration to males and females seeking employment. The remainder were the subjects of discussion with domestic servants, male factory workers and 'loiterers' wherever they congregated.

### GASTRO-ENTERITIS

Visual aid and portable models were used for the 570 illustrated talks given in shack areas and Bantu townships.

### BILHARZIA - SCHOOLS

The incompletely school programme of film instruction on this subject carried over from last year finished in 13 sessions.

### RADIO BANTU (South African Broadcasting Corporation)

By request two broadcasts in Zulu were prepared and cast over FM newsreel and were re-cast on mediumwave. Subjects were poliomyelitis and on "The Dangers of Burning Braziers in Closed Rooms". Radio Bantu advised that these broadcasts were not only heard throughout Natal, but through parts of Zululand, Pondoland and even the Witwatersrand.

### BANTU ADMINISTRATION DEPARTMENT

Nearly 3,000 talks adapted to the needs entering urban life were given to men and women, as under :-

Female domestics	: Food-handler hygiene and venereal diseases
Male Factory Workers	: Nutrition, tuberculosis and venereal diseases
Male Workers in eating establishments	: Food-handler hygiene
Male Workers - General	: Venereal diseases, nutrition and tuberculosis.

## STATE HEALTH TRAINEES - BANTU

At the request of the State Health Department 12 Bantu trainees from rural areas were given a full morning's intensive instruction on kwashiorkor, nutrition, diphtheria, tuberculosis and flies through the media of models and flannelgraphs by the section's senior Bantu lecturers. They also attended the Durban Chest Clinic on three consecutive mornings to watch the model demonstration and hear teaching on Bantu customs in relation to disease.

### Understudy (Bantu)

Permission was granted for an African from an inland mission hospital to spend two days observing health education methods in the field.

## ASIATIC COMMUNITY

Where a population is rapidly increasing as with the Indians whose numbers already exceed 243,955, it is imperative that health education programmes should accent the care of children through preventive health services. One still recalls the occasion of a former smallpox outbreak when certain Indian groups concealed cases of illness which they feared might be smallpox.

Poliomyelitis immunisation topped the combined activities of four Indian lecturers. They varied their teaching and announcements to suit the occasion. If, for instance, on the day of immunisation they noticed the response was poor their teaching was set in a different key to the times when they felt 'the mothers were on the march to the clinic in good numbers'.

Total group loudhailer talks	-	2,916 (footmen)
" loudspeaker van "	-	<u>2,550</u>
		<u>5,466</u>

## SMALPOX

Loudhailer talks - footmen with visual aids	1,723
Loudspeaker van talks " "	<u>1,173</u>
	<u>2,896</u>

## DIPHTHERIA

Loudhailer - footmen with visual aids	944
Loudspeaker van talks " "	<u>496</u>
	<u>1,440</u>

## MATERNAL AND CHILD WELFARE

During the last month of the year a new series was commenced amongst family groups in an Indian township. Infants and small children's arms were examined for assurance of smallpox vaccination and immunisation histories noted and family welfare discussed. Thirty-four groups were visited.

## TUBERCULOSSIS

Three hundred and seven visual aid sessions were held and six portable model demonstrations given.

## NUTRITION

One hundred and twenty-four visual aid sessions were held.

## FOOD-HANDLER HYGIENE

At the commencement of the July season talks on food and utensil hygiene were given to Indian personnel at various tea rooms and restaurants. Full co-operation was obtained from the managements of the businesses concerned. In all 28 demonstrations were given.

## SCHOOLS

"Bilharzia", "Insects as Carriers of Disease", "Tuberculosis", "Mosquito Control", "Hookworm", and "Dental Caries" were films shown at eleven schools to 1,555 scholars.

## COLOURED COMMUNITY

The coloured health lecturer approaching his own community naturally contends with many different problems to those of his Bantu and Asiatic counterparts and much thought has to be given to the planning of programmes.

Generally broadcasting over the loudspeaker van is far less successful in Coloured housing schemes than in similar Bantu and Asiatic areas, because most housewives listen regularly to the radio programmes. Those who do hear seldom give a sign by coming out of their houses in acknowledgement as other sections of the community do.

The most effective programmes in housing schemes are those conducted on the basis of house groups; in blocks of flats the loudhailer is used, often in the courtyard, to gather groups together.

## FACTORIES

Lectures to factory men and women are most successful. Managers frequently request return visits on a variety of subjects. At 25 factories, 36 talks were given to men and women separately or together according to the text of the subject.

Attendances	3,920
Subjects	Venereal Disease, Tuberculosis and Nutrition.

## SCHOOLS

Twenty-eight films and 18 instructional talks were given to 1,084 scholars during the year.

## PARENTS' EVENING

Fifteen films at 3 sessions with 7 talks and discussions were presented.

## COLOURED AFFAIRS DEPARTMENT - WENTWORTH PLACE OF SAFETY AND DETENTION

One hundred and fifty-nine children in the above institution were shown 10 films and given 4 talks in the course of the year.

**TOTAL GROUP AND LOUDSPEAKER TALKS - in addition to above -**

Poliomyelitis immunisation	1,008
Diphtheria immunisation	501
Smallpox vaccination	486
Tuberculosis	206
Nutrition	169
Family Welfare and Child Care	107
Venereal Diseases	8

**MISCELLANEOUS:**

**EUROPEANS**

**Social Workers' Association**

On request a programme of interest to members of the above Association was given during a lunch hour.

**Boy Scouts' Association**

On request a film show was given to Boy Scouts in which the major accent was on bilharzia. Requests were made for additional shows in selected areas.

**"The Invisible Guardian"**

The above film of departmental activities which illustrates the unceasing vigil kept by the Department over the health and welfare of the citizens was included on the programme of one of the City's civic association evenings and at the local branch of the Housewives' League.

**VISITORS**

Visiting Medical Officers of Health, doctors and health personnel from various centres continue to visit the section to discuss the subject of health education, especially in its application to non-Europeans.

## X HEALTH INSPECTION

### STAFF

During the year the inspectional staff reached full strength but at the close, however, there was a shortfall of two Health Inspectors, brought about by staff taking up employment elsewhere.

The total complement of the inspectional staff is a Chief Health Inspector, Deputy Chief Health Inspector, 10 Senior Health Inspectors and 39 Health Inspectors.

A number of Health Assistants and General Assistants are also engaged to aid the inspectional staff in various routine duties. Health Assistants, or trainee Health Inspectors, help in the preliminary investigations of complaints of flies, poultry keeping, dirty yards and bug infestation of servants' quarters and the like. General Assistants, in the main, devote their time to rodent control measures and to the supervision of labour gangs forming part of the Field Hygiene Section.

For routine inspection purposes Durban is subdivided into 5 divisions, each in charge of a Senior Health Inspector; these 5 divisions are further split into 34 health districts each under control of a Health Inspector. All phases of routine inspection, investigation of nuisances, licence applications, court procedure, etc., are attended to by the Health Inspectorate and supervised by the Senior Health Inspector of the particular district concerned. All sampling of food is carried out by the Senior Health Inspectors, each one in turn sampling his own division every 5 months. In respect of water sampling the Senior Health Inspector on duty samples the whole of the City.

In addition to the foregoing specialist sections operate as follows :

Dairies	: 1 Senior Health Inspector and 3 Health Inspectors. A separate report by this section is included
Tuberculosis	: 1 Health Inspector
Infectious Diseases	: 1 Senior Health Inspector
Housing and Plans	: 1 Senior and 1 Health Inspector
Field Hygiene	: 1 Senior Health Inspector
kwaMashu Bantu Township and Chatsworth Indian Township      }	: 1 Senior and 1 Health Inspector

### INSPECTIONS

Routine inspections, including licence applications, investigation of complaints, etc., but excluding those relating to infectious diseases, ex-City dairy farms and milk depots, housing and plans, amounted to 147,107. Relevant details are as follows :-

Bakeries	339	)
Boarding Houses and Private Hotels	1,529	)
Butcheries	4,040	)
Dairies, Milk Depots in City	3,654	)
Food Manufactories	1,095	)
General/Fresh Produce Dealers	17,725	)
Hotels (Liquor Licences)	1,769	)
Milk Bars	118	)
Offensive Trades	352	)
Restaurants, Eating Houses	6,409	)
Tea Rooms	1,646	)
Sundry	1,908	)

General Dealers	5,966 )	
Hairdressers	904 )	
Laundries, Dry Cleaning Depots, etc.	894 )	Non-Food
Lodging Houses	10,936 )	Handling
Offensive Trades	673 )	Trades
Sundry	11,991 )	
Barracks, Compounds, etc.	526 )	Non-
Dwellings	45,496 )	Trading
Sundry	29,137 )	Premises
	147,107	

In connection with the above inspections the following action was taken:-

Notices served	3,455
Letters written	1,753
Personal notices issued	8,125

The inspections also covered the compilation of 1,018 special schedules in connection with food-handling establishment surveys; dealing with 2,767 initial reports and 508 follow-up reports on applications for trading licences; 123 reports on applications for the housing of Bantu and, not of least importance, the investigation of 3,170 complaints. A breakdown of complaints received and dealt with is described hereunder :-

#### Breakdown of Complaints

Animal Keeping	2
Bugs	71
Cockroaches	37
Drainage Appurtenances	18
Defective Drainage (Storm and Waste Water)	302
Fleas	13
Flies	309
Food Hygiene	21
Food (Unsound)	13
Housing (Illegal)	10
Housing (Overcrowding)	21
Miscellaneous (Unclassified)	48
Mosquitoes	557
Offensive smells	188
Poultry	49
Refuse Dumping	190
Refuse Removal Services	17
Rodents	247
Smoke/Air Pollution	15
Structural Defects	100
Unclean Conditions	290
Vacant Land (overgrown, etc.)	610
Ventilation and/or lighting	2
Sanitary Accommodation (Lack of, or unsatisfactory)	40
Total	<u>3,170</u>

Other matters in connection with inspections include -

Mattress Makers	: 24 Permits issued, no refusals.
Animal Keepers	: 39 Permits issued for the keeping of :
	Horses 933
	Bovines 105
	Dogs (kennels) 255
	Goats 8

3 Permits were refused, these were for 1 horse,  
2 bovines, 2 donkeys and 8 goats.

All these permits must be renewed annually.

## FOODSTUFFS AND FOOD-HANDLING

### (a) City Markets

Daily examination of all incoming perishable foodstuffs arriving at the market was maintained. All unsound food noted was condemned and destroyed. The following items were condemned :-

<u>Commodity</u>	<u>Quantity</u>
Avocado Pears	21 lots (of 4)
Apples (Undergrade)	17 Boxes
Apricots	123 Trays
	60 Boxes
	17 Cartons
Asparagus	12 Cartons
Beetroot	3 Pockets
Cabbages	11 Bags
	6 Sugar pockets
Carrots	6 Bags
	22 Sugar Pockets
	52 Pockets
Celery	3 Crates
Chillies	2 Pockets
	7 Bags
Cucumbers	17 Pockets
Cut Meat	1Basket
Dressed Chickens	6
Dressed Ducks	7
Dressed Fowls	104
Dressed Pigeons	4
Dressed Poultry	79
Dressed Turkeys	10
Eggs	3½ Dozen
Giblets	18 Packets
Grapefruit	63 Pockets
Green Beans	30 Boxes
	52 Bags
	2Sugar Pockets
	892 Pockets
Green Peas	22 Pockets
Guinea Fowl	41
Hubbard Squash	85 Pockets
Lemons	15 Packets
	43 Bags
	9 Pockets
Mangoes	25 Small crates
Onions	36 Pockets
Oranges	46 Pockets
Pawpaws	2 Boxes
Peaches	46 Cases
	5 Trays
	8 Cartons
	26 Boxes
Pears	250 Trays
Peppers	13 Pockets
Pomegranates	3 Boxes
Potatoes	222 Pockets
Poultry (Head and feet)	2 Packets

<u>Commodity</u>	<u>Quantity</u>
Tomatoes	178 Boxes
Vegetables	1,513 Trays
Walnuts	1 Carton 18 x 53 lbs. Bag.

**(b) Food, Drugs and Disinfectants Act**

Each month, in rotation, one of five Senior Health Inspectors in charge of the five health divisions was seconded to carry out the Departmental sampling programme, as mentioned above.

**Food Samples Submitted for Chemical Analysis: 1963**

<u>Commodity</u>	<u>No.</u>	<u>Result</u>
Boerewors	24	One prosecution - Fine R15.00
Cooking Oil	12	All satisfactory
Cream	39	-do-
Dates	1	-do-
Fruit Cordial	1	-do-
Fruit Syrup (Synthetic)	1	-do-
Honey	32	One unsatisfactory. No action taken as statutory time limit (60 days) had elapsed when result was received.
Ice cream	75	One sample slightly deficient in milk fat No legal action. Producer warned.
Milk	196	All satisfactory
Minced Meat	112	Nine prosecutions. Fines R190.00
Sausages	89	Five prosecutions. Fines R90.00
Total samples	<u>582</u>	
Total unsatisfactory	<u>17</u>	
Total Fines	R295.00	

Water supplies were sampled every week, and in addition to submission for chemical analysis additional samples were sent to the State Laboratory for bacteriological examination.

All samples were drawn from private reticulation systems and not directly from the Corporation mains supply. This method gives an indication of the condition of the privately owned piping and the water the consumer is actually using. In addition the City Engineer regularly tested water directly from the mains.

The number of samples of honey dealt with was high. This was due to the number of complaints received of honey being adulterated or artificial, a fact not borne out on official testing.

So far as minced meat and sausages were concerned all cases were connected with prohibited preservative in the former and excess preservatives in the latter.

**(c) Food Matters**

Of 31,584 inspections of food-handling trades most were of a general routine nature. In all cases where action was warranted written or verbal notices were served and, in some instances, resort to the courts was necessary.

Apart from the foregoing, the following indicates the wide scope of matters dealt with :-

(a) **Surveys of Food-Handling Premises:** Once each year special surveys, covering all aspects of food-handling, are carried out in respect of all food traders in the City. These inspections being apart from routine inspections mentioned above. During 1963 some 869 surveys were completed and the special forms used in connection therewith were completed.

(b) **Beach and Race Course Catering:** During all holiday seasonal periods special attention was directed to catering at all beach establishments and at the two race courses. Some inspections were undertaken on Sundays and on Public Holidays.

(c) **Mineral Water Factory:** Following upon the receipt of unsatisfactory bacteriological reports on samples of bore-hole water used for the manufacture of mineral water the firm concerned was required, forthwith, to discontinue the use of this supply. The firm closed the bore-hole and brought Municipal water into use.

(d) **Meat Pie Deterioration** The Department was requested by a large Durban bakery to assist in solving a problem concerning certain meat pies which were rapidly deteriorating at room temperatures. The cause was finally traced to "ropiness" of the toasted flour used for dusting the meat.

(e) **Food Poisoning:** Only one case of food poisoning was recorded during 1963 and no food handling establishment was implicated. This case involved three Bantu employees of a local hotel. These employees had been given the remains of a cooked fowl by one of the guests. This fowl had been cooked two days previously in the Transvaal and contamination of this food was considered the cause of the poisoning. None of the guests or other employees was affected.

(f) **Windsor Park Cafe:** An improvement and alteration scheme to the restaurant on this Council owned golf course was satisfactorily completed.

(g) **Illegal Meat Sellers:** In connection with illegal meat selling in Warwick Avenue, Brook Street and Victoria Street areas the City Police were vigilant and several prosecutions resulted. The latest survey showed that conditions were much improved. This Department checked for new venues and re-commencement of operations and advised the City Police accordingly.

(h) **Chillies:** A consignment comprising 1,541 x 35 lbs bags of dried chillies heavily contaminated by rodents in a warehouse in the Point area was condemned and destroyed under the direct supervision of this Department. Legal proceedings against the warehouse owner were instituted in terms of the Government Rodent Regulations and a fine was recovered.

(i) **Fish Paste:** The attention of this Department was drawn to the unsatisfactory capping of a certain brand of fish-paste on sale to the public. Through improper sealing the contents of the jars showed evidence of drying out and the formation of mould. The matter was immediately taken up with the packers who advised that a new type of seal would be put into use.

(j) **Covering of Foodstuffs:** Following upon a complaint from the Housewives' League and correspondence in the local press in this connection a survey of food-handling premises was carried out. Some 560 premises were inspected and, generally, it was found that the Food By-laws were being observed. However, depending on the degree of contravention, action ranging from the institution of legal proceedings to verbal warnings was taken where necessary.

(k) **Corned Beef:** A householder produced an opened tin of corned beef with a nail embedded in the contents. The nail had obviously been in the tin when cooking/processing took place. The meat was a product of a canning factory situated elsewhere in the Republic and, accordingly, the matter was referred to the State Health Department and to the South African Bureau of Standards.

(l) **Condemnation of Food:** A departmental store in the City requested that this Department examine a consignment of poultry received by them. It was found that 50 dressed fowls were in a state of decomposition. These were condemned and destroyed.

(m) **Fruit and Vegetables Exposed to Contamination:** A survey of trading premises in connection with the stacking of fruit and vegetables in such a manner as to expose the articles to contamination, particularly by dogs, was carried out. In all some 13 personal notices and 4 written notices were served where this nuisance was found to exist.

(n) **Biltong:** A complaint concerning "insects" on pre-packed biltong was received. The matter was taken up with the manufacturer who withdrew all available stock and destroyed them. The Government Entomologist identified cheese mites on the biltong. No further reports of this pest were received.

## **COMPLAINTS/NUISANCES**

As reflected in the statistics some 3,170 complaints were lodged. All were dealt with expeditiously and most were remedied within time defined in written or personal notices served. Many were caused unintentionally due to ignorance on the part of the authors; in these cases necessary advice to guard against re-occurrence was given. Some were prosecuted for non-compliance.

In addition to complaints, many nuisances found on routine inspections were all attended to in a similar manner.

The undermentioned items indicate a "cross section" of the nuisances concerned.

(a) **Victoria Street Bantu Meat Market:** Due to railway construction work drainage from the yard area of these premises was interfered with and nuisances arose. This matter was taken up with the City Engineer who, as a temporary expedient, diverted the surface water into the sewerage system. The matter was later rectified on a permanent basis.

(b) **Fouling of Foreshore (Virginia Area):** For some years, during seasonal fish "runs", gross fouling of beaches and adjacent bush has occurred. This fouling was brought about by hordes of anglers, who, in some cases, never left the beaches whilst the fish were running. Nuisances arose from misuse of the bush and the abandonment of fish offal and old bait on the sands. Very prolific fly breeding, causing fly invasion of houses on the inland side of the bush, regularly occurred. The problem, in the main, was restricted to the beaches of Virginia and Beachwood.

Several interdepartmental meetings were arranged and the outcome was the provision of public conveniences at these points. In addition the labour force responsible for cleansing services was augmented. The nuisance was reduced to negligible proportions.

It is interesting to record that hatching of flies from buried fly-blown bait took place notwithstanding the fact that the beaches were swept by the tides.

(c) **Amanzimyana Canal:** Silting of portion of this canal gave rise to very heavy mosquito development. Representations were made to the City Engineer and the silt was removed.

(d) **Public Conveniences, Kuala and Hill Roads, Lamontville:** Many complaints of unhygienic conditions at these conveniences were received and the matter was taken up with the Department of Bantu Administration. As a result a Bantu labourer was permanently detailed to attend to cleansing of the conveniences and conditions were brought to a satisfactory level.

(e) Numerous dilapidated dwelling and other buildings were vacated during the year. Pending redevelopment of the sites these buildings, invariably left vacant, became subjected to misuse by vagrants. In all cases action was pressed by this Department and demolitions took place.

(f) **Refuse Removal:** Several complaints about offensive liquids being discharged from refuse freighters were received by this Department. The cause was probably due to the compression of refuse in the vehicles. Joint observations with representatives of the Cleansing Section were undertaken and this matter was greatly improved.

(g) **Building Contractors (Temporary Sanitary Accommodation):** Nuisances arose in Glenmore and other areas through failure of contractors to provide temporary accommodation for building operatives. The matter was taken up with the contractors concerned and with the Master Builders' Association. Legal proceedings were instituted against one contractor for failing to provide accommodation in three separate instances. He appeared in Court and was fined R24.00.

(g). **Drive-in Theatre (Umbilo River Area):** The building of this theatre created a large water-logged section of land in which mosquito development took place. This Department immediately undertook spraying measures which were maintained until the inundated area (Council owned) could be reclaimed. This latter work was undertaken and completed by the City Engineer.

(i) Refuse Dumping: As a result of complaints of offensive smells lodged by the Natal Provincial Department, Merebank, a food factory in the area discontinued the dumping of fruit refuse on a site previously allotted for this purpose. The site has been closed and the surface covered with ash cinders. Dumping of this refuse now takes place on the Tara Road controlled tipping site.

(j) Old Testing Grounds: As a result of a complaint from the South African Police the City Valuator and Estates Manager were requested to brick-up the entrance to a disused garage to prevent misuse. This was done.

(k) Bugs and Dirty Linen in Hotel: On a Sunday morning the occupiers of a room in a large hotel complained that their children were being "eaten alive" by bugs and that the bed linen was dirty. An inspection on the same morning proved the complaint to be without foundation. It transpired that complainant, during a previous visit, used this complaint as an expedient to secure a better room at the same rate. On this second attempt he was unsuccessful.

(l) Sewerage Defects: Several complaints were received from a factory in the Merebank area. The complaints referred to the discharge of sewage into a dam owned by the Complainants. Over-loading and/or obstruction of the sewer serving the S.J. Smith Bantu Hostel and Lamontville appeared to be the cause, as the nuisance only occurred during peak hours and at week-ends when the full complement of residents and visitors were in occupation. The Department of Bantu Administration cleared each blockage but the possibility of overloading of the sewer was taken up with the appropriate Department.

(m) Amusement Park, Beach: In the new Amusement Park certain instances of fouling of narrow areas between the stall and other buildings and the artistic wall enclosing the park occurred. The matter was pursued with the Parks, Recreation and Beaches Department with the result that these narrow areas were closed off by means of suitable gates. The subject was brought to light by complaints that the yard of the restaurant in the park was being misused by park patrons notwithstanding the close proximity of public conveniences.

## GENERAL

### Paper Sack Refuse Collection

A system of removal of refuse in paper sacks was commenced, as an experiment, in the Woodlands area at the beginning of the month of September. All premises were provided with a metal holder equipped with a ring clamp to hold the paper bag and a hinged tight fitting lid.

Two types of holders were used, one being portable and the other being riveted to a convenient outside wall.

During the first month inspections of 60 premises in various sectors were made. On the whole the system appeared to be working satisfactorily and was welcomed by the majority of residents. Of the 60 premises visited 4 cases were seen where the bags had been damaged by dogs. The holders were exposed to all types of weather and during the light rains that fell, no adverse effects were noted, nor did the contents appear to affect the bags.

During October the pilot service approached the close of the experimental period. By this time it was obvious that the basic conception of this method of refuse collection and removal approached the ideal, i.e. depositing refuse in a tough paper sack and removing the filled sack to the service freighter and thence to the tipping site. However, in practice, several unsatisfactory features appeared, probably due to endeavours to reduce costs. These included :-

- (a) the necessity for stacking filled sacks on the pavements awaiting the return of the freighter from the tipping site, a practice unlikely to appeal to those outside whose premises the sacks were continually stacked;
- (b) effective closing of the sacks by "screwing up" the tops was prevented by the above pavement stacking;
- (c) for economic reasons the service was converted from a thrice weekly to a twice weekly service which was not satisfactory and in fact subsequent inspections disclosed that definite nuisances did arise.

At the close of the year all aspects of this "paper sack" system were still being considered by the City Council.

#### Caravans/Camping:

In the latter half of December caravanners and campers occupied an area near the Blue Lagoon. Notices erected prohibiting this practice were ignored. At one stage 8 caravans and 20 tents housing some fifty persons were found in this area. Some of the caravans were of such a type that it was unlikely that they would have been permitted entry to a proper caravan camp. Another similar group took up occupation at the end of Foreshore Drive and the nearby bush whilst a few were found in the Burman Drive Bush. Public conveniences were available only during the hours of daylight to those persons camped at the Blue Lagoon and Foreshore Drive, whilst those in the Burman Drive bush had no sanitary accommodation. Obviously no proper provision for the collection and removal of refuse was available. No ablution facilities existed. Inspection of the areas concerned disclosed the indiscriminate dumping of refuse in the adjoining bush. Whilst urination in the bush had obviously occurred, no actual fouling with excreta was noted.

The absence of proper amenities for these illegal caravanners and campers not only results in the creation of nuisances but also gives rise to conditions likely to prejudice their health and that of the public.

With the ever increasing popularity of caravanning and attractions provided by Durban, including the shark free sea bathing facilities it seems reasonable to anticipate a recurrence of illegal camping within the City, probably even to a larger extent in the future. Appropriate measures need to be taken to prevent any further illegal camping and caravanning.

#### Overcrowding of Holiday Flats, Licensed Hotels and Private Hotels:

Advantage was taken of the holiday season to conduct a small survey of holiday flats with a view to ascertaining the degree of overcrowding. In addition 3 private and 2 licensed hotels were inspected.

Of five holiday flat premises, ranging from the more expensive to less pretentious type, in only one instance had some degree of overcrowding been permitted by the management. On the whole, the holiday flats were well run and maintained. In one private hotel there was evidence of overcrowding. The survey is being continued. The inspections were carried out during the hours of daylight.

#### Chatsworth/kwaMashu

##### A. Chatsworth

The year end found Neighbourhood Unit No. 2 virtually in its final stage and by October all the usual factors requiring full-time public health inspectional work were present. These included matters necessitating close interdepartmental co-operation such as the provision of refuse removal services, sewage disposal, water supply, storm water disposal, all of which to a greater or lesser degree involve this Department.

Initial development was also noted in Neighbourhood Unit No. 3, Neighbourhood Unit No. 1, Silver Glen Township and Neighbourhood Unit 4, in that order.

Applications for licences relating to an ever increasing number of trading premises of diverse character were received and a constant and heavy increase in the population figure noted.

The above general appreciation of the position indicates that the time has arrived for full-time inspectional duties to be introduced.

In addition, this Department was implicated in the undermentioned matters :-

- (i) The first section of the sewage maturation plant and a coarse screen were put into operation.

- (ii) The Zanzibari Tribe from the Bluff were rehoused in a section of Neighbourhood Unit No. 2 set aside for the purpose.
- (iii) With the rapid growth of population and lack of concomitant trading facilities illegal trading became common. Cases noted were investigated and the information obtained referred to the Licensing Department and, to the City Estates Department where residential premises were being illegally utilized.
- (iv) The lack of a refuse removal system aggravated the position relative to fly, mosquito and rodent development and was pursued with the City Engineer's Department. Such a service was obtained for the Chatsworth Hotel after it had been found that that company's refuse was being buried on the premises.
- (v) Basic sanitation applicable to the very large labour force employed on development and constructional works received due attention.

#### **B. kwaMashu**

During the course of the year considerable enlargement of the Township took place by the completion of Neighbourhoods 8 and 9 and the commencement of the development of Neighbourhood Unit No. 10.

A closer association with the Bantu Administration and City Engineer's Departments was effected, this particularly with the former who introduced a Maintenance Officer, through whom the constantly recurring problems associated with sewer and drain blockages, control of the refuse tips, redecoration of food-handling shop (Bantu Administration owned), roadside drainage and similar matters received prompt attention.

The public health aspects of the undermentioned matters also received attention :

- (i) The introduction of Offal Stores, designed to facilitate the hygienic handling of this foodstuff and to offset the illegal sale of meat in the roadsides was effected.
- (ii) Improvements/enlargements to certain privately owned trading premises were obtained, thus eliminating gross congestion and facilitating effective cleaning.
- (iii) New shops were erected in Neighbourhood 8 and plans for a number of others approved.
- (iv) Following representations made to Bantu Administration Department the undesirable practice of dumping unserviceable drums at the refuse tip site to be removed by contract was discontinued. This also disposed of an unsightly condition and a situation favouring mosquito and rodent development.
- (v) 'Batfair' (Bantu Trade Fair) was opened in November following discussions with the Company's principals on the minimum sanitary services acceptable to this Department.
- (vi) A large water-logged hole, the site of an old farm dam, heavily overgrown and fouled, was used constantly by children as a bathing pool. This was considered to be a definite public health hazard and its elimination was sought of the City Engineer. The dam together with an old dipping tank, the latter situated near the Provincial Polyclinic, were effectively dealt with by filling-in.

## XI MILK SUPPLIES

The City milk supplies are drawn in the main from the midlands of Natal and East Griqualand. Milk from some 610 producers is bulked and cooled at nine up-country balancing stations. The milk is transported to Durban mainly by insulated tankers, a small quantity being received directly from the producers in sealed cans. On arrival in Durban the milk is pasteurised and bottled at three receiving depots in or on the periphery of the City. In addition to bottled milk a small amount is packed in heat sealed waxed cartons. The product is then delivered to sub-distributing depots by refrigerated pantechicons and final delivery to the consumer by means of hand carts and electrically driven "prams".

### Milk Gallonage 1963

Total intake of milk  
Milk distributed outside Durban  
Milk consumed in Durban

Total Gallonage	Daily Average
13,741,081	37,646.7
2,538,028	6,953.5
* 11,203,053	30,693.2

\* Of this amount 15,670 gallons represents shrinkage and spillage (average 43 gallons daily).

### Sampling

Regular sampling of all milk and milk products was carried out in the City and at country depots for bacterial and chemical examination. These samples which also include those purchased from shops and street delivery boys were submitted to our Departmental Laboratory, State Chemical Laboratory, the local State Laboratory, the City Pathologist and to the City Analyst for analyses.

### Structural Requirements

The process of gradual improvement in the structures of dairy farms has continued. The following table indicates the structural progress made to dairy premises during the year under review. (In order that a comparison may be made the table of figures for 1962 is provided in brackets).

Standard of Premises	Percentage Conforming To
91% to 100%	21.63% (20.21%)
81% to 90%	59.19% (57.77%)
71% to 80%	18.85% (20.7%)
61% to 70%	.33% ( 6.5%)
51% to 60%	Nil (2.1%)
Below 50%	Nil Nil

### Number of Samples, taken under Food, Drugs and Disinfectants Act

Milk	186
Cream	39
Ice cream	54

## Prosecutions

Food, Drugs and Disinfectants Act	-	Nil
Milk (and Milk Products) By-laws	-	Nil

## Balancing Stations

Regular inspections of up-country balancing stations have been carried out throughout the year. The standard was found to be good generally as regards both the structural and handling aspects.

## Pasteurising Depots

The three local depots were inspected regularly. A high standard of cleanliness was found to prevail.

## Ice Cream

There are two ice cream factories at present manufacturing ice cream in this City and two local depots used for the distribution of ice cream and like products which are manufactured outside the City area.

The local premises were visited at regular intervals and found to be up to the standard of cleanliness expected by this Department.

## Pirate Milk and Milk Products Supplies

Continual checks were made during the year at various tea rooms, restaurants, hotels etc. regarding the possible introduction of these products by unauthorised persons. One "pirate" supplier was intercepted and legal proceedings instituted.

## Statistics - Inspectional Programme

Total Dairy Inspections	3,261
Total City inspections	1,393
Total ex-City Inspections	1,868
Initial Dairy Farm Inspections	42
Country Depot Inspections/Sampling	268
Personnel Vi-tested/Immunised	1,893
Personal Notices to Producers	349
Written Notices to Producers	805

## HYGIENIC CONTROL OF MILK SUPPLIES

A well equipped laboratory, staffed by two lady laboratory technicians under the control of the Veterinary Medical Officer is maintained for regular routine tests on the City's milk supplies. The following tests were performed during the period under review, the figures for the previous year being given in parenthesis :

Bacterial Counts (Breed Clump Counts)	6,181	(6,438)
Tests for Visible Dirt	6,273	(6,350)
Presumptive B. coli Counts	2,436	(2,595)
Tests for E. coli Type I (Faecal)	252	(213)
Methylene Blue Tests	356	(485)
Resazurin Reduction Tests	435	(293)
Phosphatase Tests (Aschaffenburg and Mullen)	2,376	(2,537)
Plate Counts (Astell Roll Tube)	2,877	(3,003)
Titratable Acidity Determinations	30	(223)
Brucellosis (Stained Antigen Ring Test)	393	(689)
Tuberculosis (Biological)	52	(33)

Mastitis (Direct Microscopic)	6,597	(7,195)
Inhibitory Substances (T.T.C. and Disc Assay)	1,240	(1,571)
Thermoduric Organisms	6,178	(3,526)
Sterility of Sterilised Milk	18	(22)
Clot-on-Boiling Test	18	(32)
Freezing Point Determinations (Cryoscope)	5	(3)
Butterfat Determinations	6	(5)
S.N.F. Determinations	6	(5)

The following reflects a summary of tests carried out during the period under review on milk and milk products :

(a) Pasteurised Milk

Only pasteurised milk processed by three milk dealers situated in and on the periphery of the City is sold to the public. Bottled milk from each dealer is procured every weekday and milk in cans and cartons is also regularly sampled.

Numerous line samples are taken at the factories whenever necessary as indicated by the test results.

During the year a producer-distributor (pasteurised milk) discontinued to process his milk and is now supplying raw milk for pasteurisation to another milk dealer.

The following tests were conducted on pasteurised milk :

Test	No. of Samples (Bottled Milk)	% Satisfactory	No. of Samples (Canned Milk)	% Satisfactory	No. of Samples (Carton Milk)	% Satisfactory
B. coli (Presumptive)	881 (1144)	85% (73%)	131 (112)	70% (63%)	201 (66)	75% (80%)
B. coli (Faecal)	224 (206)	100% (93%)	7	100%	6	100%
Phosphatase	881 (1144)	100% (99%)	131 (112)	100% (100%)	201 (37)	100% (100%)
Plate Counts	881 (1107)	71% (48%)	131 (112)	69% (82%)	201 (66)	70% (95%)
Thermoduric Organisms	881 (579)	63% (43%)	131	60%	201 (29)	65% (90%)
Methylene Blue (18 hrs. at 65°F.)	481 (254)	83% (80%)				
Resazurin (18 hrs. at 65°F.)	445 (264)	85% (90%)				
Antibiotics	20	100%				
Titratable Acidity	3 (137)	100% (100%)				

Sterilised milk processed by the two main milk dealers in the City was regularly tested for sterility. The results were always satisfactory.

(b) Ice Cream

Three local firms manufacture this commodity. Ice cream is also introduced from the Rand by two other companies. Approximately 50 tons of ice cream was consumed per week in Durban and its immediate environs.

Test	No. of Samples	Percentage Satisfactory	
Phosphatase	285 (200)	100%	(100%)
B. coli (Presumptive)	285 (200)	85%	(65%)
B. coli (Faecal)	8 (10)	100%	(100%)
Plate Counts	285 (200)	91%	(83%)

A close vigil was also kept on the hygienic handling of bulk ice cream by beachfront tea-rooms and other restaurants and supplies from these establishments were regularly sampled.

(c) Soft Dairy Mix

The hygienic manufacture and handling of this foodstuff is very strictly controlled. Soft mix from the processing factory as well as from dispensing machines was regularly sampled.

Test	No. of Samples	Percentage Satisfactory	
Phosphatase	368 (638)	100%	(100%)
B. coli (Presumptive)	368 (638)	90%	(66%)
B. coli (Faecal)	2	100%	
Plate Counts	368 (638)	94%	(91%)

(d) Cream

Only pasteurised cream processed in the City, was sold to the public.

Test	No. of Samples	Percentage Satisfactory	
Phosphatase	156 (150)	100%	(100%)
B. coli (Presumptive)	156 (150)	80%	(72%)
B. coli (Faecal)	3	100%	
Plate Counts	156 (150)	85%	(90%)

(e) Producer (Farm) Milk

The majority of raw milk for pasteurisation is bulked at inland balancing stations before transportation to the City in insulated road tankers. Bulked herd milk from individuals suppliers is regularly sampled and submitted to various tests. These test results are again followed up by the veterinary officer and dairies' inspectors and as many farmers as possible were visited with a view to assisting them with their problems.

Test	No. of Samples Examined	Percentage Satisfactory	
Bacterial Count (Breed)	6,181 (6,350)	80%	(76%)
Visible Dirt	6,273 (6,350)	87%	(88%)
Mastitis	6,230 (6,177)	90%	(90%)
Brucellosis	298 (603)	89%	(99%)
Thermoduric Organisms	4,171 (2,448)	76%	(75%)
Antibiotics	697 (1,305)	90%	(97%)
Resazurin	120	75%	
Tuberculosis (Biological)	15 (33)	100%	(100%)

In addition to the aforementioned tests on producers' milk, tanker supplies were regularly sampled and by means of swab tests the efficiency of the tanker sterilising methods were checked and controlled.

Test on Tanker milk	No. of Samples	Percentage Satisfactory
Colony Count (Roll Tube)	620	60%
Thermoduric Count	779	65%
Inhibitory Substances	113	95%

In future the Breed clump count on raw milk will be replaced by the one hour resazurin reduction test. In addition to other advantages ascribed to this test, producers will be furnished with the test results at a much earlier date.

The test for thermoduric organisms in raw milk greatly assisted in controlling the hygienic production of milk.

During the period under review the milk of 7.7% (20.4%) of producers was found to have consistently high thermoduric counts. This is a considerable improvement on the findings recorded for the previous year.

Based on the Breed count only 4.4% (8.9%) of producers' milk gave consistent counts that did not comply with the requirements of the City's Milk (and Milk Products) By-laws. An improvement here is also noted.

The margin between the quantity of milk from registered sources and the actual daily intake for the City was slightly reduced as compared with the previous year. Because of adverse climatic conditions prevailing throughout Durban's milk shed it was essential to allow a limited quantity of milk from unregistered sources into the City for a period of four days. It is hoped that a price increase asked for by the producers will be granted, and have a stabilising effect on fresh milk production.

Although there was a reduction in the number of registered producers, the average daily production remained static at about 75 gallons. The percentage of producers supplying 50 gallons and less was reduced from 33% in 1962 to 28% in 1963 and the percentage of larger producers increased proportionately. (See accompanying graph.)

The departmental requirements for mechanical milk cooling facilities were enforced in the case of all new producers and also applied to persistently unsatisfactory suppliers. About 63% of all producers now have some means of mechanical refrigeration.

Because 17% of producers now employ milking machines, more attention was given to milking machine hygiene. In this connection close liaison is kept with Government officers doing research work in this connection.

## Animal Disease Affecting Milk Supplies

### Mastitis

All routine herd samples were also examined for chronic streptococcal mastitis. Of the samples examined 10% were found to be positive. Producers are also encouraged to make use of a free diagnostic service offered by the Department.

Hand in hand with the control of mastitis goes the presence of inhibitory substance in milk. This, mainly due to penicillin and other antibiotics used in mastitis therapy appears to be seasonal. At times penicillin was detected in bulked tanker milk. New and more sensitive techniques have greatly assisted in the detection of these substances.

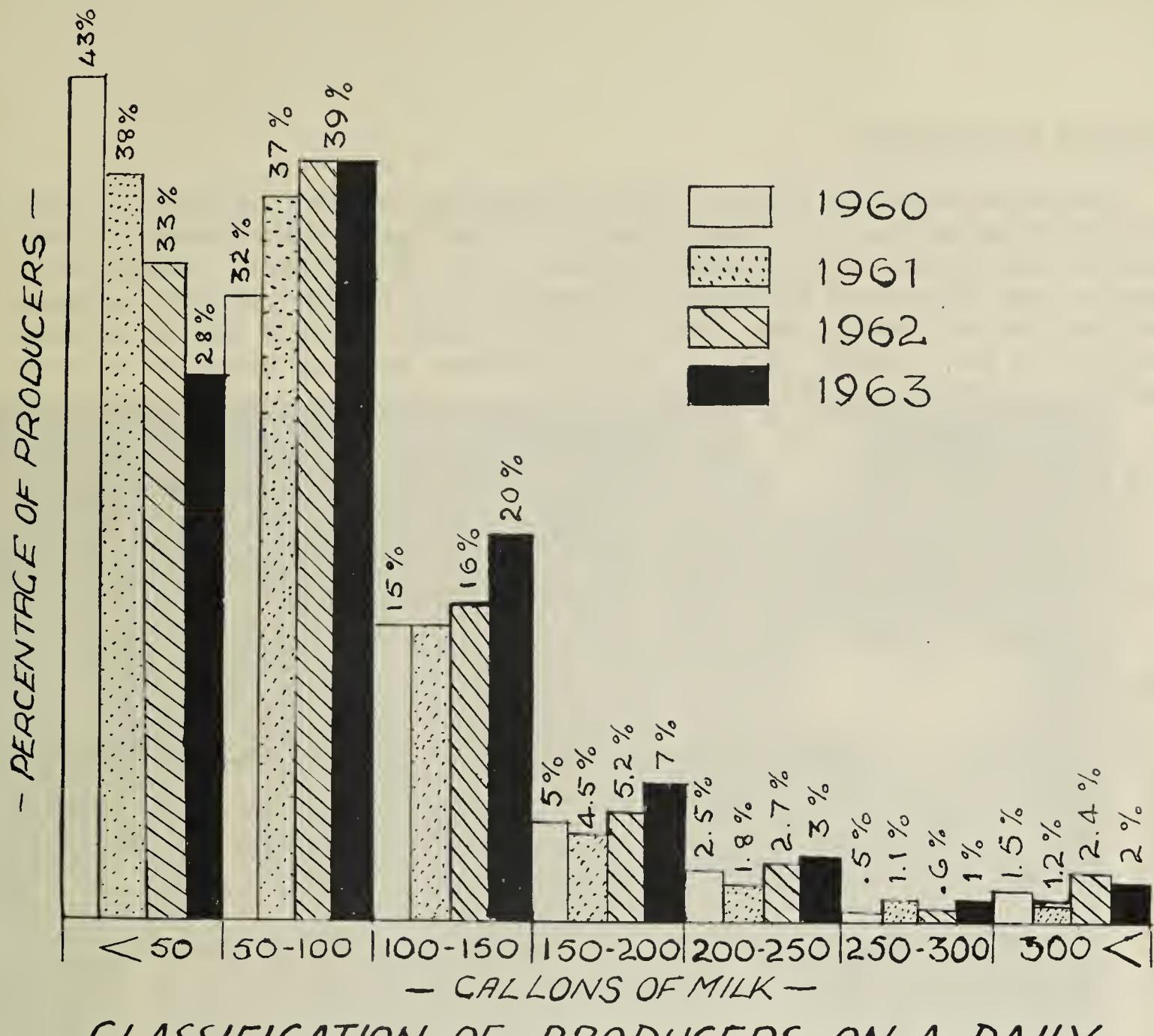
### Brucellosis

The stained antigen ring test was employed routinely on raw milk samples. About 11% of these tests were positive in the 1 : 10 dilution. In conjunction with the Allerton Veterinary Diagnostic Laboratories, Pietermaritzburg, certain biological tests were also carried out. Of a total of 2,158 routine agglutination tests conducted by the abovementioned Institute, 13% were positive. Approximately 17,000 doses of Strain 19 vaccine were used to immunise susceptible animals in the City's milk shed.

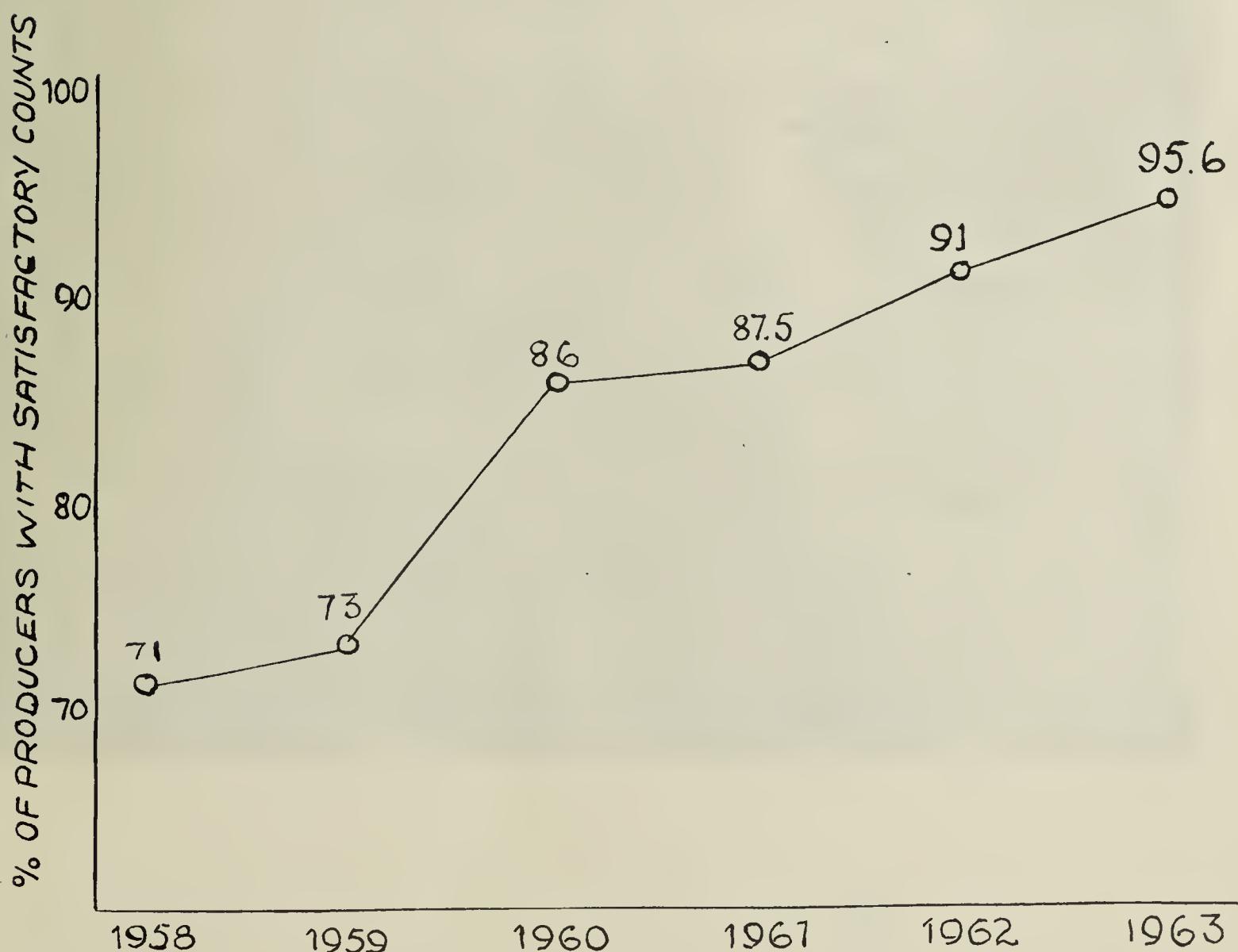
### Tuberculosis

Only 15 biological tests were carried out on herd milk samples. These were indicated either by clinical examinations or from abattoir returns. All tests were negative.

The State Veterinary Department in Natal carried out approximately 26,000 intradermal tuberculin tests under its Accredited Herd Scheme, Interim Scheme, for diagnostic reasons or for export or import purposes. About 4% of these tests were positive with a further 1.5% suspicious reactors. Under the supervision of the abovementioned Department six infected herds were treated with tuberculostatic drugs.



CLASSIFICATION OF PRODUCERS ON A DAILY PRODUCTION BASIS.



IMPROVEMENT IN BACTERIAL QUALITY OF RAW PRODUCERS' MILK BASED ON THE BREED COUNT.

## Infectious Bovine Infertility

The precise incidence of diseases such as trichomoniasis, infectious epididymitis, vaginitis and vibriosis are not known but in certain areas of Natal and East Griqualand outbreaks of these diseases have caused serious reproduction problems. The Natal Artificial Insemination Cooperative, with its main bull station near Pietermaritzburg and 14 other substations distributed throughout the milk producing areas, have done much to combat infertility and also to improve the quality of herds generally. More than 12,000 calves were conceived artificially with a very good first insemination rate of between 65% and 70%.

## Calf Mortality

As a result of unhygienic rearing methods, many potential milk givers succumbed to such diseases as paratyphoid, calf diphtheria, scours, coccidiosis and verminosis.

## Other Diseases

The following disease conditions affected the production of milk either directly or indirectly :

Heartwater, Lumpy Skin Disease, Three Day Stiff Sickness, Piroplasmosis, Anaplasmosis, Verminosis, Chemical Poisoning (Arsenic, Urea), Plant Poisoning (Senecio, Tulip, Inkberry Bush, Lantana and Matricaria).

Certain of the aforementioned information has been made available through the courtesy of the Assistant Chief, Veterinary Field Services: Natal.

## General

1. As part of their vacational training in food hygiene and public health, six final year veterinary students spend three weeks in the Veterinary Hygiene Section of this Department and at the City Abattoir.
2. The Annual Congress of the South African Veterinary Medical Association held at Onderstepoort was attended by the Veterinary Medical Officer.
3. In conjunction with the Natal and East Griqualand Milk Producers' Association, this Department provided a stall at the Royal Agricultural Show in Pietermaritzburg. The Department's contribution included demonstrations, exhibits and models of special interest to dairy farmers.
4. The meeting of the Natal Society for Dairy Technology was regularly attended by the Veterinary Medical Officer. He also served on the Technical Sub-Committee of the Society.
5. Certain professional duties at the City Abattoir were undertaken by the Veterinary Medical Officer in the absence of the veterinarians employed at the Abattoir.



STALL DISPLAY - ROYAL AGRICULTURAL SHOW, PIETERMARITZBURG.







BIOLOGICAL CONTROL OF MOSQUITOES.  
FISH NETTING DEMONSTRATION AT KWAMASHU SEWAGE WORKS

## XII FIELD HYGIENE

The activities of this section during the year have been confined mostly to anti-mosquito control, bush clearing, cockroach destruction, anti-bedbug measures, plague and fly control.

### Mosquitoes

It is many years since *Anopheles gambia* (malaria vector in this area) mosquito larvae were found in Durban although the potential hazard of malaria continues. This is particularly so as these vectors are still to be found in considerable numbers in Zululand. Regular spotting is therefore still carried out within the City area and 13 non-European spotters are occupied in this task. Anopheline larvae found are identified in the Departmental laboratory and in the main comprised *A. coustani*, *A. pretoriensis* and *A. squamosis*.

Complaints of mosquito prevalence from residents totalled 557. These complaints, it is estimated, are attributable in approximately 80% of the cases to *Culex fatigans* and 20% to the *Aedes* group of mosquitoes. In 84% of cases breeding was found on premises within 100 yards of the complainant. Furthermore, the greater sources of nuisances arose in areas where reticulated sewerage was not available, defective septic tanks and soakage pits being responsible.

In large swamp areas under Municipal jurisdiction the Departmental policy of biological control operated most efficiently. Advantage was taken of the large increase in fish life in the sewage maturation ponds to stock rivers and accumulations of water within the City. It was also possible to supply fish from sewage ponds to other municipalities for the stocking of dams, rivers etc.

After a series of bacteriological analyses had failed to reveal any evidence of contamination fish for eating purposes were supplied to the Municipal Bantu Welfare Society for distribution within the kwaMashu area. From enquiries subsequently made the fish were found to be most palatable and were well received by the inhabitants. It is anticipated that in 1964, with the natural increase of fish life, it will be possible to further augment the diet of residents with this high protein food.

Mosquito nuisances to residents overlooking the Bay Head persisted during 1963 despite extensive spraying operations undertaken by the Railway Administration. It is hoped that a change of policy to biological control will be adopted as the present method of weekly saturation with D.D.T. and Compound 4049 does not appear to be giving the desired results.

During the year delegates attending the Public Health Congress in Durban were given a demonstration of fish netting at Municipal Sewage Works at kwaMashu. Considerable interest was displayed in the Departmental biological programme for the control of mosquitoes.

<u>Mosquitoes</u>					
Yards of Ditching		Oil Used		Other Insecticide	
1962	1963	1962	1963	1962	1963
371,679	359,730	206 gals	225 gals.	370 gals.	313 gals.

### Bush Clearing

The acreage of land cleared increased from 485 acres in 1962 to 526 acres in 1963. All Departmental labour force units utilised on clearance of bush were fully equipped and trained to operate in any public health emergency which might arise. Bush clearing, besides being of great value to the Department in the expeditious clearance of vacant plots of lands, provides a service to ratepayers, is a source of Municipal revenue and finally provides an ideal outlet for labour when not engaged on public health duties for which they are primarily maintained.

## Cockroaches

Regular spraying of Municipal sewers and stormwater drains with organo phosphate insecticides kept them relatively free of roaches. The species most commonly found frequenting drains were the American (*Periplaneta americana*) and the Oriental (*Blatta orientalis*) cockroaches.

These two types have not shown any indication of resistance to the insecticides in general use. However, a marked increase of the German cockroach (*Blatella germanica*) has been noted in dwellings, shops and so forth and this species revealed a marked resistance to all hydrocarbon insecticides.

In laboratory tests a high percentage kill was obtained with the majority of hydrocarbons but actual applications gave a very low percentage kill. It is possible that this may be due to the particular insect building up a "behaviouristic resistance" rather than a chemical resistance and has done so by developing an ability to avoid surfaces treated with insecticides.

### Cockroaches

Insecticide Used		Manholes Treated	
1962	1963	1962	1963
153 gals.	114 gals.	45,834	47,155

## Bugs (Cimex)

It will be noted in the attached statistical table that only 38 gallons of insecticide were used in 1963 as against 92 gallons used in 1962. This saving has resulted from the long residual action that is being obtained from Compound 4049. There is no evidence of the emergence of a resistant strain of bed bug to Compound 4049 and Bantu hostels inspected after a lapse of four months after treatment were found comparatively bug free. The development of an improved deodorant which was added to this insecticide made it excellent for bug control.

### Bugs

Insecticide Used		Rooms Treated	
1962	1963	1962	1963
92 gals.	38 gals.		9,620

## Rodents

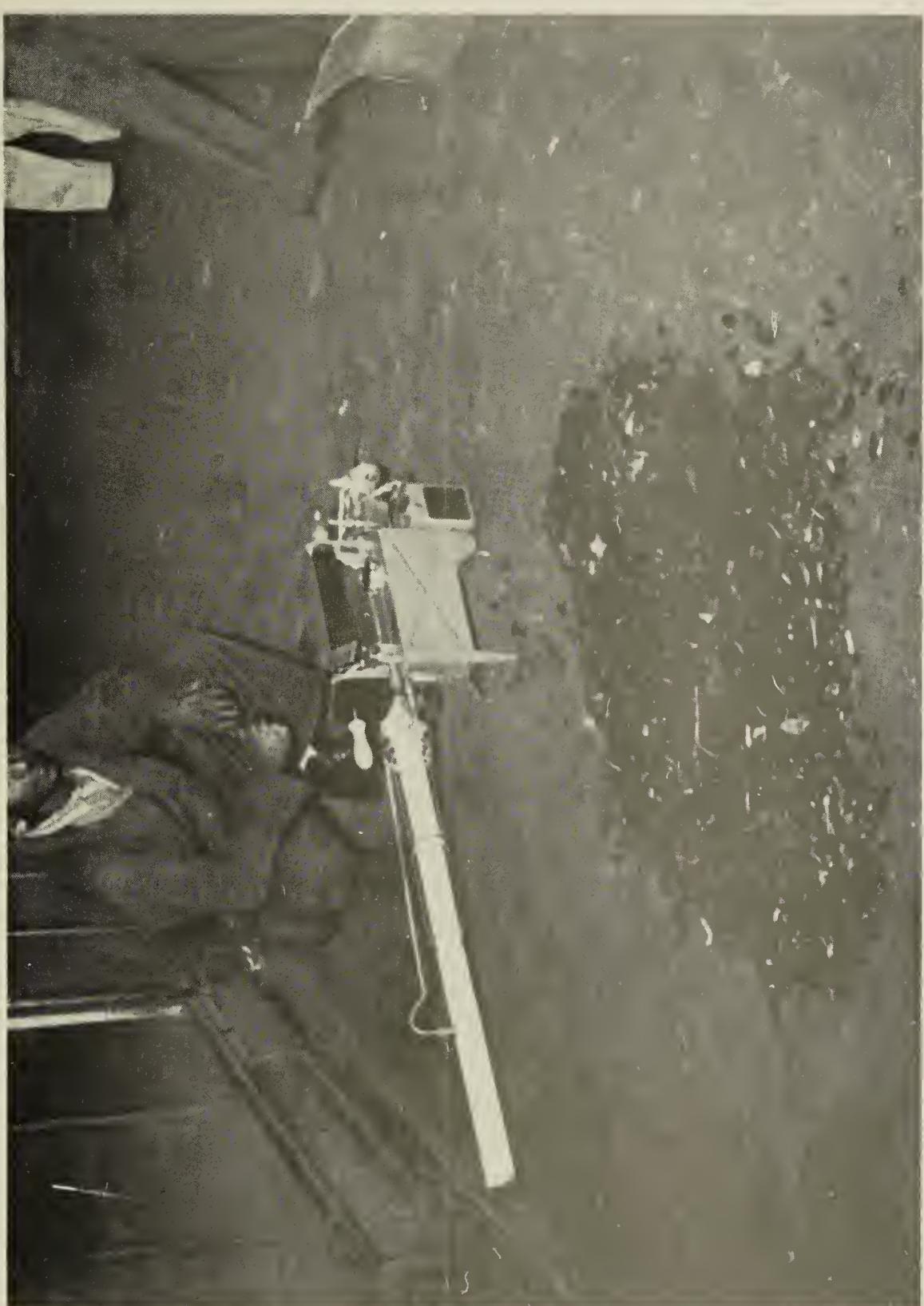
Durban, situated as it is on the East Coast of Africa, and often the first port of call for ships from the Far East, demands a constant alert for the possible introduction of plague infected rodents. Rodent control in the actual harbour area falls to the Port Health authorities, with whom this Department maintains the closest liaison and all relevant data on rodent activity is constantly interchanged.

The rodents commonly found in the City are the Black Rat (*Rattus rattus*) and the Brown Rat (*Rattus norvegicus*). The maintenance of rodent-proof buildings and the destruction of rodents on private property is the responsibility of the property owner or occupier, and the enforcement of the relative laws is undertaken by the District Health Inspector, assisted by specially trained General Assistants.

Rodent activity throughout the City was determined by poison points established at strategic positions. In the main, blood anticoagulant poisons were used by the Department. However, where a quick kill was required phosphorus remained the choice. It was noted that constant use of phosphorus tended to produce a degree of bait shyness which did not occur with the anti-coagulants.

During the year a new type of presentation of anti-coagulant poison prepared in wax was used with good effect. The wax blocks, manufactured by a local firm, proved far more effective in stormwater drains than the powder and withstood a great degree of wetting. It was also found easier to determine the degree of "take" with these blocks.

COCKROACH CONTROL - THERMAL FOGGING MACHINE AND 'KILL'





Rodents

Rodents Destroyed		Rodents sent for Plague Index		Poisons Used	
1962	1963	1962	1963	1962	1963
4,800	3,549	173	162	1,875 lbs. 1012 gms	1,018 lbs. 1,692 gms.

Flies

There was no undue incidence of flies in the City during the year under review. Fly complaints investigated by the Inspectorate almost invariably led to the source of nuisance being traced to composting, poultry keeping or the introduction of manure.

Prompt action by the Department averted a serious fly nuisance. Sewage from a burst sewer main spilled over an area of approximately 3,000 square yards and heavy fly development began. The nuisance was treated by three measures -

- (1) The surrounding area was dusted with a mixture of D.D.T. and an organo phosphate powder;
- (2) The sewage itself was treated with 5% diazonon;
- (3) Fly traps using fish as the attractant and organo phosphate as the poison were set at strategic points nearby.

It is pleasing to record that although this nuisance occurred in the vicinity of a well developed residential area only two complaints of flies were received by the Department. The establishment of the traps not only greatly reduced the number of adult flies which had escaped measures (1) and (2) but further gave a good indication as to when the nuisance was abating.

Flies

Insecticide Used		Poison Used	
1962	1963	1963	1963
Nil	*	960 lbs.	741 lbs.

\* Dust and spray

## XIII. ALLIED HEALTH SERVICES

The City Engineer has kindly furnished the following information on certain services of public health importance undertaken by his Department.

### 1. WATERBORNE SEWERAGE

#### Old Borough

Waterborne sewerage has been made available wherever possible to meet the requirements of new development schemes.

The relaying of old sewers in conjunction with the Central Area reconstruction has continued. The sewers in Smith Street have been completely relaid between Gardiner Street and Point Road during the current financial year.

The laying of a new sewer from Calais Road via Gale Street and Sydney Road to Williams Road is nearing completion.

Throughout the City old sewers which have given trouble are constantly being relaid.

#### Incorporated Areas

Minor extensions to the reticulation have been carried out but, except where extensions are considered essential for health reasons, it has been the policy to restrict further extensions to where the existing sewers are being surcharged.

Work has commenced on the laying of the sewerage reticulation in the Hillary area. However, this system will not be connected to the trunk sewer until the Southern Disposal scheme is in operation.

Contracts have been let for the construction of submarine pipelines which will provide sea outfalls for the Central and Southern Disposal Works, and when these are in operation it will be possible to proceed with the provision of waterborne sewerage to numerous areas at present unsewered.

### 2. CLEANSING SERVICES

#### Collection and Tips

Cleansing services throughout the City were carried out regularly during the year, and the quantity of house refuse and street sweepings continued to increase. This increase, as in the previous year, was met by following the policy of replacing smaller capacity vehicles by those with larger capacities. The Department is still pursuing the policy of replacing open bodies by enclosed bodied vehicles, whilst still more mechanically loaded vehicles have been acquired for the refuse removal service in the business area of the City. The disposal of refuse by land reclamation methods on the Springfield Flats and the Bluff valley continued satisfactorily.

## Barracks

A slight increase in the population of the Magazine Barracks was recorded during the past year. It is anticipated, however, that during the next 12 months, the figure will be substantially reduced by the transfer of families to the Chatsworth Indian Housing Scheme. The general maintenance of all barracks buildings was carried out satisfactorily.

## Public Conveniences

Five new public conveniences were constructed, two on the beach opposite the Broadway intersection with Leo Boyd Highway and two more on the beach at the southern end of the Virginia Airport. These conveniences were provided in an endeavour to minimise the fouling of the Durban North beach by fishermen. The fifth convenience was constructed near the Victoria Street Bridge to replace the old one which has been demolished. The total number of public conveniences stands at 118.

## 3. WATER SUPPLIES

Durban's average daily consumption during the year was 51,093,952 gallons and the highest recorded consumption on any one day was 60,681,600 gallons.

Both chemical and bacteriological standards of the drinking water supply have been maintained at a high level throughout the year. The fluoride content of the water is 0.2. p.p.m.

## 4. PUBLIC SWIMMING BATHS

European, Coloured, Indian and Bantu Swimming Baths were visited fortnightly in order to assist Supervisors with various purification problems and in order to examine and report on the safety of bath waters to the bathing public.

At the Beach Baths a new flocculant was developed and used with excellent results, and the amount of the flocculant consumed was reduced by one half. The quality of the filtered sea water in this Bath has further improved and is now superior to that generally encountered in sea water bathing baths in Natal, whilst the quality of water in fresh water baths has been maintained at a high standard in spite of heavy bathing loads.

## 5. BATHING BEACHES

The monthly examination of beach waters from Beachwood to Umlaas Beach was extended in February to include seven new points in the Isipingo Beach/Reunion Rocks areas, and a series of off-shore samples taken simultaneously with the normal beach sampling was examined in April and May in collaboration with the investigation carried out by the Council for Scientific and Industrial Research into the projected ocean outfall scheme for the disposal of Durban sewages.

## 6. ATMOSPHERIC POLLUTION

After a survey of the fuel-burning appliances in the remaining residential areas of the Old Borough, the City Council approved the declaration of this area as a third Smokeless Zone.

Two hundred and thirty smoke complaints were investigated and the necessary advice, instructions and stoker demonstrations were given. Odour complaints were dealt with by direct negotiation with offenders, and odour complaints emanating from a source north of the City were investigated in co-operation with the State Health Department and the Council for Scientific and Industrial Research.

Industrial smoke emission was further reduced during the year, and approval was given for the use by industry of each new fuel-burning appliance so that smoke emission would be eliminated. The campaign against locomotives, vehicles and ships emitting excessive smoke was continued, and a newsletter was prepared setting out the reasons for excessive diesel engine smoke, 12,000 copies being distributed.

\* \* \*

## MEAT SUPPLIES

The inspection of all meat for consumption in Durban is carried out at the Municipal Abattoir by qualified Meat Inspectors. I am indebted to the Director, Dr. F.E. Cavanagh, B.V.Sc. for the following brief report on the operation of the Abattoir :

**SLAUGHTER HOUSES:** The Durban Municipal Abattoir is the only slaughterhouse permitted within the official "controlled" area bounded by Maidstone, Botha's Hill and Winklespruit, but in actual fact serves a very much larger area than this, butchers from as far afield as Eshowe, Pietermaritzburg and Port Shepstone purchasing their requirements at this centre.

**ACCOMMODATION:** All types of livestock showed an increase on 1962, and all facilities were in full use throughout the year. The provision of sixty-six additional dual purpose pens alleviated the congestion in this section and eliminated the necessity for keeping animals in open paddocks. All unhardened roads within the premises were reconstructed and asphalted thus reducing the dust nuisance to a minimum.

**SYSTEM OF SLAUGHTER:** The slaughter of Animals Act No.26 of 1934 (as amended) lays down methods which may be used in the slaughter of animals. In Durban, bovines are first stunned with humane stunning pistols, and pigs are electrocuted but sheep and goats are slaughtered by throat cutting in deference to the religious scruples of the Mohammedan community.

**MEAT INSPECTION:** Carcasses and offals are examined in accordance with the Regulations published under Public Health Act No.36 of 1919, by a staff of qualified meat inspectors under the supervision of a Veterinarian. The appointment of Dr. W.B. Hobbs, B.V.Sc., ensures that ante-mortem examination of all animals is carried out, and direct veterinary supervision of meat inspection is possible.

**TREATMENT OF CONDEMNED CARCASSES, ETC:** The cost of processing raw materials is met from the sale of by-products amounting to some R80,000 per annum.

**BUTCHERS' SHOPS:** Supervision of premises throughout the City is carried out by the City Health Department.

### ANIMALS SLAUGHTERED AND CARCASSES CONDEMNED:

	Bovines	Calves	Swine	Sheep	Goats
Whole carcasses condemned	1,337	403	2,661	1,070	68
Portions of carcasses condemned in lbs.	610,654	3,784	124,578	2,353,065	3,647
Total Number of Animals slaughtered	127,398	10,638	63,651	532,309	28,199

## XIV LEGISLATION

### CARAVAN PARKS

Following upon a request from the Natal Town and Regional Planning Commission to incorporate provisions for the establishment of caravan parks in the Town Planning Scheme for Durban, the City Council adopted conditions of approval following upon reports from the City Engineer's and City Health Departments.

### DRY-CLEANERS' ESTABLISHMENTS

The Public Health By-laws published in 1953 prohibited the establishment of dry cleaners' and dyers' establishments and laundries in any part of the City in which a Municipal sewer was not available but during the current year authority was sought to establish a dry-cleaner's business in the new Indian township of Chatsworth, in an un-sewered part of the area. As there could obviously be no public health objection where no effluent was involved the Department recommended amendment of the by-law to remove the prohibition in the case of dry-cleaners only. The necessary amendment was gazetted on 16th May, 1963.

### MILK (AND MILK PRODUCTS)

(a) Butter Milk: Application was lodged for permission to introduce into the City a "cultured" butter milk obtained by inoculating the normal residue with a culture. As the milk from which the butter milk was made was from "unregistered" sources, and after the fullest investigation and consultation with the State Health Department and other local authorities, the application was refused.

(b) Soft Serve Ice-Cream: A firm manufacturing a soft serve dry mix applied for authority to prepare, locally, soft serve ice-cream in a tearoom and to offer the product for sale through a dispensing machine. The retail shop concerned did not conform to the by-law requirements for premises manufacturing ice-cream, and the applicant was informed that the necessary approval would not be granted, but that consideration would be given to any proposal to establish a depot within the City for the manufacture of soft mix.

(c) Vending Machines: Following an approach made to the Department to sanction the use of a fresh milk automatic vending machine it was found that this method of selling was not subject to trading licence legislation and did not conform to the requirements of the Milk (and Milk Products) By-laws. The type of machine was, however, satisfactory from the public health viewpoint and the Department, which is always prepared to give serious consideration to trade developments and support any amendment of the legislation where it is warranted, recommended to the City Council that the By-laws be amended accordingly. An amendment was adopted and duly promulgated whereby, subject to compliance with his requirements and the issuing of a certificate of registration by the Medical Officer of Health, automatic vending machines may be used for the sale of milk in Durban.

### OIL REFINERY

After several years of planning, development of the new Shell and B.P. Oil Refinery reached the stage when it was necessary for consideration to be given to the granting of permission in terms of the Offensive Trade Regulations. After consultation with various authorities in this country and overseas, and a series of liaison meetings with the management, the many require-

ments of the local authority were accepted. The Department was satisfied, from a public health viewpoint, that all reasonable precautions would be taken to preclude a nuisance, and permission to carry on the "offensive trade" of oil refinery was accordingly granted in April.

### PUBLIC HEALTH ACT

The Public Health Amendment Act, No.79 of 1963, was published on 5th July, 1963. The main points arising from the amendments were that (i) the Minister was empowered to make regulations regarding compulsory immunisation of persons against infectious diseases, (ii) he was authorised to supply free of charge to local authorities such materials as he may deem fit for use in the immunisation of persons against poliomyelitis, and (iii) certificates of vaccination against smallpox are no longer to be transmitted to the Registrar of Vaccinations but are to be retained for safe keeping by the parent or guardian of a child. There will therefore no longer be a national register of vaccinations.

### SLUMS ACT

On 21st June the Slums Amendment Act, No.55 of 1963 was promulgated, to take effect from a date to be proclaimed. The main change in procedure involves the establishment of a Slum Clearance Court for every local authority area. This Court will comprise a magistrate and two other members appointed by the Minister and it is this body which will have the power in future to declare a slum, and not the local authority itself as heretofore. Under the amending act the Medical Officer of Health's reports must be referred to this Court.

### TIMBER HOUSES

During recent years plans have been submitted to the City Engineer for approval of this form of construction and the use of laminated timbers as permanent building material. The problem appeared to be divided generally into two separate aspects, namely :

1. The suitability or otherwise of laminated timbers for permanent walling material;
2. The appearance of the buildings and the structural considerations which must be taken into account.

The City Engineer's and City Health Departments gave detailed consideration to the proposals and it was felt that under certain circumstances and with appropriate safeguards there seemed to be little reason why this form of building construction should not be permitted. Factors which had to be taken into account included (i) rodent and vermin-proof qualities, (ii) resistance to attack by termites, (iii) sound-proof qualities, (iv) thermal insulation, (v) resistance to impact, (vi) weatherproof qualities, (vii) durability in the light of extreme weather conditions, and (viii) extent of regular maintenance which may be necessary.

The City Council adopted the recommendations submitted and resolved that the erection of modular type houses with laminated timber walling materials be permitted in the Durban area on the basis of each plan being approved strictly on its merits and taking fully into account all the principles referred to in the joint report submitted by the City Engineer and the City Medical Officer of Health.

### TOWN PLANNING SCHEME

The Town Planning Amendment Ordinance, No.27 of 1962 (published on 14th March, 1963) permits any local authority in Natal to apply to the Administrator for the designation by him of an area, within its scheme in the course of preparation, in which the local authority shall possess powers of acquisition of land and of development or re-development of such area. The purposes for which an area may be designated may include :-

- (a) the implementation of the town or regional planning scheme;
- (b) the achievement of a co-ordinated and harmonious development or re-development of the area;

- (c) the promotion of health, safety, order, amenity, convenience, general welfare, efficiency and economy in the process of development or re-development, and the improvement of communications;
- (d) the correcting of bad or obsolete development or subdivision or layout;
- (e) the reclamation, drainage and development of low-lying or swampy areas ; and
- (f) the provision of accommodation for persons displaced from the designated comprehensive development or re-development area.

## UNDERTAKERS

This Department when indicating its requirements with regard to the granting of trading licences has required, in connection with the European community, the provision of accommodation at undertakers' premises suitable for the handling, preparing and storage of cadavers. With regard to the non-European communities, however, it has been a long-standing practice not to require the full range of facilities because of the various religious, traditional and other practices of those ethnic groups. In the past it had been possible for non-European undertakers to arrange for the temporary storage of dead bodies at mortuaries controlled by the hospitals, Government, or other licensed undertakers, but a current review of the position disclosed that due to congestion at mortuaries these facilities were no longer available.

In the circumstances the local developing authorities have been requested to plan in future for the provision of suitable undertaking premises in all non-European townships. The Natal Provincial Administration was also requested to indicate whether there was any intention to legislate in this matter but the Provincial Secretary advised that there were no minimum standards or requirements in regard to facilities provided by undertakers and that legislation to prescribe such standards or requirements was not contemplated.

## WINDOWLESS FACTORIES

Application was made to erect a building, which did not comply with the minimum lighting and ventilation requirements of the Building By-laws, for the processing of synthetic yarns and fibres. It was contended that the control of atmospheric conditions, particularly those of humidity and temperature were imperative, and that experiments throughout the world had proved that the ideal conditions for this process were best obtained in a windowless building, with insulated walls and roof, unaffected as much as possible by external weather changes. A factory of such design was naturally regarded as most unorthodox from the public health viewpoint. However, after extensive enquiry overseas, research and local consultation the building By-laws were amended to permit the construction of a factory without windows but only where it is established that the inclusion of windows would adversely affect the manufacturing or other process to be carried on therein. The amended by-laws contain a number of public health and other safeguards.

## CODES OF PRACTICE

The Department's library of codes of practice, which are available for distribution to interested persons generally, has been extended to include the following subjects -

Caravan Parks;  
Food Kioks;  
Poultry Keeping (for commercial purposes);  
Laundries;  
Timber Dwellings;  
Undertakers;  
Milk Bars (Handling of Ice-Cream).

**PROSECUTIONS**

	Code Contravened	Admitted Guilt	Found Guilty	Fine	Remarks
<b>PUBLIC HEALTH BY-LAWS</b>					
Unclean conditions	9	9		100.00	Four cases - not guilty
Structural defects	9			110.00	One case - withdrawn by Public Prosecutor
Drainage defects	5	2	60.00		Two cases - not guilty
Defective sanitary fittings	2			15.00	Two cases - R10.00 or 10 days
Failure to repaint premises	2			20.00	Two cases - not guilty
Fly breeding	3	4	40.00		Two cases - caution and discharged
Inadequate ventilation	1			3.00	Two cases - R5.00 or 20 days
Keeping of pigs without a permit	1		10.00		Or 7 days
Mosquito breeding			1	15.00	R10.00 or 10 days (suspended for one year)
Keeping of poultry contrary to B-laws			1	20.00	Or 15 days
Absence of drainage	1			39.00	Three cases - R8.00 or 8 days
Absence of sanitary accommodation	1			5.00	
Absence of refuse receptacle lids	1				
<b>FOOD BY-LAWS</b>					
Unclean conditions	9	9	255.00		Four cases - R10.00 or 20 days
Exposure of food to contamination					One case - R10.00 or 10 days
					One case - R20.00 or 10 days
					One case - R20.00 or 40 days
					One case - R30.00 or 30 days
					One case - Cautioned and discharged
					One case - R10.00 or 20 days
					One case - R20.00 or 10 days
					One case - R15.00 or 15 days
Conveyance of bread in an unauthorised vehicle	24	3	232.00		- Withdrawn by Public Prosecutor
Utilising food room as sleeping apartment	4			25.00	
	2			25.00	

Code Contravened	Admitted Guilt	Found Guilty	Fine	Remarks
Unclean utensils	1		R 10.00	
Defective refrigeration	1		6.00	
Hanging wearing apparel in kitchen	1		5.00	
Absence of protective clothing	1		10.00	
Interspaces in fixtures and fittings	1		5.00	
Cockroach infestation	1		5.00	Or 5 days
Ceiling not dust-proof	1		5.00	Or 5 days
Kitchen floor area below 200 square feet	1		5.00	Or 5 days
Inadequate water supply	1		5.00	Or 5 days
<b>MILK (AND MILK PRODUCTS) BY-LAWS</b>				
Absence of refrigeration	1	4	31.00	Four cases - R4.00 or 4 days
Milk below bacterial standard	2		55.00	
<b>LAUNDRY BY-LAWS</b>				
Works area below 1,500 square feet				Not guilty
Steam raised by coal-fired boiler				Not guilty
<b>MALARIA REGULATIONS</b>				
Mosquito breeding	1	2	20.00	One case - R5.00 or 5 days
				One case - Cautioned and discharged
<b>RODENT REGULATIONS</b>				
Providing harbourage for rodents	1	2	15.00	One case - R5.00 or 5 days
Defective rodent-proofing	2		15.00	One case - R100.00 or 90 days (suspended for 3 years)

Code contravened	Admitted Guilt	Found Guilty	Fine	Remarks
<b>SLUM ZONE REGULATIONS</b>				
Unclean conditions		1	7.00	Or 14 days
Structural defects		1	7.00	Or 14 days
Inadequate refuse receptacles		1	3.00	Or 7 days
<b>FOOD, DRUGS AND DISINFECTANTS REGULATIONS</b>				
Minced meat containing preservatives			220.00	
Sausages containing excess preservatives	11	6	105.00	
<b>PUBLIC HEALTH ACT</b>				
Failure to guard against contamination of food		2	30.00	Two cases - R20.00 or 20 days (1/2 suspended for 3 years)
Obstructing an Inspector in the course of his duties	1	1	40.00	One case - Not guilty
<b>TOTAL</b>	105	41	1,578.00	

## **XV. STAFF AND FINANCIAL SUMMARY**

### **Additional Positions**

The undermentioned additional positions were authorised by the City Council and the approval of the Secretary for Health for purposes of part refund and in terms of the Public Health Act was obtained where necessary :

#### **European**

- 1 Assistant Medical Officer of Health
- 1 Senior Clinical Medical Officer
- 1 Clinic Sister

#### **Indian**

- 1 Health Visitor
- 2 Nurses
- 1 Health Assistant (Grade II)
- 2 Health Assistants (Female)
- 1 Interpreter/Cleaner

#### **Bantu**

- 1 Interpreter/Cleaner

### **Recruitment**

Except in respect of medical appointments little difficulty was experienced in maintaining the staff at the authorised establishment.

Owing to lack of sufficient applications, it was possible to fill only one of the two vacancies for Assistant Medical Officer of Health. Applications are again being invited for the second appointment.

Advertisements of appointments of Part-time Clinical Medical Officers resulted in a very limited response and vacancies were not readily filled.

The Department was fortunately able to make good the wastage of Health Inspectors from amongst its own trainees and other qualified personnel within the Municipal Service. However, the end of that happy state of affairs has probably been signalled with the forthcoming cessation of examinations under the old syllabus of the Joint Examination Board of the Government and the Royal Society for the Promotion of Health. It remains to be seen what interest in health inspection as a career will be evoked by the new syllabus and schedule of training for Public Health Inspectors, introduced by the Department of Education, Arts and Science with effect from 1st January, 1964.

It is still too early to gauge what the effect of the new syllabus for the Health Visitor's examination will be but it is feared that it will be adverse, so far as availability of this category of staff is concerned.

It is the City Council's policy wherever practicable, having regard to the availability of suitably qualified personnel and other circumstances, to appoint non-Europeans of the several race groups in the provision of health services for the respective groups. In that connection, it became possible to fill a post of Coloured Health Visitor which had been vacant for a number of years and also to appoint another Indian Health Visitor.

#### Meat and Other Foods Certificate

Certain facilities made available by the City Council enabled Health Inspectors to obtain the requisite training in meat inspection at the Municipal Abattoir without interrupting this Department's health inspection programme. Consequently, the bulk of the Health Inspectors have now obtained the additional qualification and it is hoped that the remaining few will do so in the near future.

#### Refresher Course for Health Inspectors

An Intensive Refresher Course on Insects of Public Health Importance and Recent Developments in Insecticides, organised by the Institute of Public Health (Natal Branch) and held at the University of Natal, Pietermaritzburg, was attended by a number of the Department's Health Inspectors.

#### Institute of Public Health: 21st Annual Congress

This congress was held in Durban from 28th October to 1st November, 1963.

Organisation of the Congress, which proved to be a very successful one, was entrusted to a Committee of this Department's officials headed by the City Medical Officer of Health, with Mr. N.D. Ashdown, Senior Health Inspector, as the Honorary Congress Secretary to whom great credit is due for the successful outcome of the event.

In addition to the Chairman of the Public Health Committee (Dr. F.W.P. Cluver), the City Council appointed the City Medical Officer of Health and the Chief Health Inspector as delegates.

#### Annual Health Congress: Royal Society of Health

The City Council was of the opinion that in view of the importance of Durban as a premier port, its attraction to tourists from all parts of the Republic, and its situation, it would be in the interests of the City and its community to send its chief executive officer in public health to the Annual Congress held at Eastbourne, England, from 29th April to 3rd May.

The City Medical Officer of Health duly attended the Congress which was divided into twelve different sections and, in addition, five sectional conferences were held. Over 3,700 delegates from Great Britain and 30 overseas countries were present at the various sessions. The experience and knowledge gained during the conference and subsequent visits will prove of considerable value in the work of the City Health Department and the personal contacts made will be of great assistance in the future.

STAFF ESTABLISHMENT

Section and Position	No.	Incumbent/Remarks
<b>EXECUTIVE</b>		
City Medical Officer of Health	1	Dr. A. Stephen, M.B.E., B.Sc., M.B., Ch.B., D.P.H. (to 13.2.1963) Dr. C.R. Mackenzie, M.B., B.Ch., D.P.H., D.T.M. & H. (Acting from 10.12.1962. Appointed w.e.f. 29.4.1963)
Deputy City Medical Officer of Health	1	Dr. C.R. Mackenzie, M.B., B.Ch., D.P.H., D.T.M. & H. (to 28.4.1963) Dr. G.L. Hilton-Barber, M.B., Ch.B., D.P.H. (Acting from 1.1.1963. Appointed w.e.f. 19.8.1963)
Assistant Medical Officer of Health	2	Dr. G.L. Hilton-Barber, M.B., Ch.B., D.P.H. (to 18.8.1963) Dr. N.L. Becker, M.B., Ch.B., D.P.H., (Appointed w.e.f. 29.10.1963) 1 Post Vacant
<b>ADMINISTRATION</b>		
(a) <u>European</u>		
Principal Assistant (Admin.)	1	Thomson, A.H. (M.R.S.H.)
Senior Assistant (Financial)	1	Donkin, F.D.
Senior Assistant (Technical)	1	Poplett, D.J. (M.R.S.H.)
Chief Clerk (Grade I)	1	Kibble, G.A. (Cert. R.S.H.)
Chief Clerk (Grade II)	1	Dyer R.B. (Cert. R.S.H.)
Senior Clerk (Grade III)	2	
Clerk (Grade I)	3	
Clerk (Grade II)	4	
Clerk (Grade III)	6	
Principal Lady Assistant	2	
Senior Lady Assistant	2	
Lady Assistant	10	2 posted to Immunisation Service
Senior Typist	2	
Typist	4	
General Assistant (Unestablished)	1	
(b) <u>Indian</u>		
Clerk (Grade III)	1	
Health Assistant (Grade II)	1	Posted to Tuberculosis Section
General Assistant	1	
Assistant	7	
(c) <u>Bantu</u>		
Health Assistant (Grade II)	2	Posted to Tuberculosis Section
Watchman	2	
Labourer	1	

Section and Position	No.	Incumbent/Remarks
<b>EPIDEMIOLOGY</b> , embracing tuberculosis, infectious diseases and venereal diseases control):		
(a) <u>European</u>		
Senior Clinical Medical Officer: Tuberculosis Clinics	2	Tuberculosis Clinics: Dr. N.L. Becker, M.B., Ch.B., D.P.H. (to 28.10.1963) Both vacant as at 31.12.1963
Operator - X-ray (Male)	1	Tuberculosis Clinics
General Assistant	2	( 1 Home Disinfection Unit ( 1 Immunisation Service
<u>Note:</u> The following staff is posted from the Health Visiting and Health Inspection Sections for full-time duty:		
5 Health Visitors		Public Health control
2 Clinic Sisters		Tuberculosis Clinics
1 Health Inspector		
<u>Infectious Diseases and Venereal Diseases Control:</u>		
1 Senior Health Inspector		
1 Health Visitor		
(b) <u>Indian</u>		
Health Assistant (Grade I)	6	Public Health control
Health Assistant (Grade II)	1	Tuberculosis Clinics
Health Assistant (Female)	2	Tuberculosis Clinics
Interpreter/Cleaner	1	Tuberculosis Clinics
(c) <u>Bantu</u>		
Health Assistant (Grade I)	15	Public health control
Health Assistant (Female)	2	Tuberculosis Clinics
Interpreter/Cleaner	2	Tuberculosis Clinics
<u>Note:</u> 2 Health Assistants (Grade II) posted from Administration Section on full-time clerical and other duties in Tuberculosis Section.		
<b>HEALTH INSPECTION</b>		
(a) <u>European</u>		
Chief Health Inspector	1	Johnston, M.M.
Deputy Chief Health Inspector	1	Clayton, A.
Senior Health Inspector	10	* Ashdown, N.D. * Butler, M.W. Clark, A.G. Crickmore, C.R.A.
<u>Note: Allocation of Posts:</u>		
District and Food Hygiene	6	Harris, J.K.
Housing and Plans	1	Hornby, A.V.
Epidemiology	1	Ingram, W.A.
Dairies	1	* McIver, E.I.
Field Hygiene	1	Smith, A.M.
	10	/ Young, B.J.

Section and Position	No.	Incumbent/Remarks
Health Inspector	39	Alder, C.H. Atkinson, C.E. (Retired 30.11.63)
Note: Allocation of positions:		
District and Food Hygiene	34	* Bateson, J.
Dairies	3	* Benians, P.E.
Plans	1	* Blair, E.A. (from 1.3.63)
Epidemiology	1	* Booyens, M.M. * Brokenshaw, A.D.
	<u>39</u>	/* Burgess, D.W. Butler, J.E. * Currie, A. /* de Villiers, P.D. / de Beer, H.H. * Green, C.E.O. * Griffin, R.E. Griffiths, D.E. (resigned 28.2.63) /* Hazle, A.D. * Hogan, J.P. Hull, V.H. (re-engaged 1.3.63) /* Jakins, T.I.N. Keen, F. * Knowles, D.H. * Marsh, H.N. McCawley, F.G.I. (from 1.10.63) /* Moffitt, N.S. / Newberry, N. (from 1.3.63) /* Ogden, G.B. /* Pearman, E.F.J. Phillips, L.G.F. /* Roberts, K.W.C. * Roberts, A.J.L. Schou, M.S. * Spence, D.B. /* Spencer, D.W. Sutherland, F.T. Vorster, J.H. * Walsh, W.W. Woolley, G.W.R. (retired 30.6.63) * Worthington, C. Worthington, L.J. * Young, N.R. (from 1.3.63)
No. of vacancies as at 31st December 1963 - 2		<u>Panel of Health Inspectors for emergency meat inspection duties at Municipal Abattoir</u> Hazle, A.D., Roberts, K.W.C., Spencer, D.W. * Meat and other Foods Certificate / Tropical Hygiene Certificate
Health Assistant	12	Trainee Health Inspectors
Senior General Assistant	1)	
General Assistant	7)	Rodent Control
(b) <u>Indian</u>		
Health Assistant (Grade I) Assistant	1 5	Rodent Control
(c) <u>Bantu</u>		
Health Assistant (Grade II)	2	

## VETERINARY HYGIENE

<u>European</u>		
Veterinary Medical Officer	1	Dr. A.J. Louw, B.V.Sc.
Laboratory Assistant	1	
Lady Assistant	1	

## FIELD HYGIENE

### (a) European

Supervisor	1	Nourse, A.D.
Senior General Assistant	1	
General Assistant	8	

### (b) Indian

Spotter	2	
Labourer	8	

### (c) Bantu

Health Assistant (Grade I)	1	
Spotter	11	
Labourer	90	

## HEALTH VISITING

### (a) European

Chief Health Visitor	1	Eckhoff, E.J., Medical and Surgical, Midwifery, Mothercraft, Health Visitor's and School Nurse's Certificates.
Senior Health Visitor	1	Rankin, M.H.E., Medical and Surgical, Midwifery, Mothercraft, Health Visitor's and School Nurse's Certificates.
Health Visitor	29	*x Anderson, E.M. * Baines, K.M. (retired 28.2.63) * Barker, M.I. * Berghammer, A. * Boy, S. *x Brown, M.K. *x Burdon, C.W. * Butler, M.A. x Dolkens, S. *x Essery, M. * Goold, P. *x Hamlyn, E.F. *x Harding, E. x Hook, E.M. *x Laue, H. * Longmore, F.B. * Meyerstein, S.M. *x Mitchell, B.I. * Muller, M. * Norman, F.M. * Poulton, M.P. * Robinson, J.O. (from Clinic Sister 1.11.63) *x Stead, R.J. * Sutherland, J.W. * Taylor, J.S.

#### Note: Allocation of positions:

Family Health Service	20	
Epidemiology:		
T.B. Control	5	
I.D. and V.D.	1	6
Immunisation		3
		<u>29</u>

Section and Position	No.	Incumbent/Remarks
<u>HEALTH VISITING (Contd.)</u>		*x Van Rooyen, M.W.A. (resigned 31.8.63) * Ward, J. (from 7.5.63) * Watts, D.J. * Webb, M.E. *x Whiting, A. x Wilde, M.A.
<u>Clinic Sister</u>	7	* Alcock, P.B. (resigned 31.5.63) * Hardman, K.J. (resigned 31.7.63) *x Hunter, J.W. * Jachimsky, L.M. (from 23.9.63) * Lloyd, A.A.M.M. (from 1.11.63) * McCagie, S.M. (from 1.10.63) * Pettigrew, E. * Robinson, J.O. (to Health Visitor from 31.10.63) * Weston, M.A. * Midwifery Certificate x Mothercraft Certificate
<u>Clinic Assistant</u>	12	
(b) <u>Coloured</u>		
Health Visitor	1	* Deane, D.P.A. (from 3.9.63)
(c) <u>Indian</u>		
Health Visitor	3	* Reddy, T. * Reddy, R.R. (from 18.4.63) 1 Vacancy
Nurse	5	* Iyer, S. * Kalyani * Paul, M.G.J. (from 1.8.63) * Papiyah, R.F. (from 1.8.63) Reddy, G. * Reddy, R.R. (to Health Visitor from 17.4.63) 1 Vacancy * Midwifery Certificate
Health Assistant (Female)	12	
General Assistant	1	
Interpreter/Cleaner	5	
(d) <u>Bantu</u>		
Health Visitor (Bantu)	19	* Bengu, M. * Charles, G.T. * Dotwana, H.B. * Kgoare, L. * Mkize, L.D. * Moholo, D.V. * Malamba, M.V. * Mlambo, S. * Mazibuko, P.A. * Mwanazi, K. * Nala, N. * Nkabinde, I. * Ngqulunga, O.G. * Ndlovana, M.N. * Sibya, F. * Tsekiso, A. * Zulu, K.M. 2 Vacancies * Midwifery Certificate

Section and Position	No.	Incumbent/Remarks
Health Assistant (Grade II)	1	
Health Assistant (Female)	8	
Interpreter/Cleaner	6	
<b>IMMUNISATION</b>		
<u>Note:</u> European staff comprising 3 Health Visitors 2 Clinic Sisters and 2 Lady Assistants is posted to this Section from the Health Visiting and Administration Sections on a full-time basis.		
The service of part-time Medical Officers, appointed to a panel, are em- ployed on a sessional basis.		
(a) <u>Indian</u>		
Nurse	2	Vacant
Health Assistant (Grade I)	1	
Health Assistant (Grade II)	3	
(b) <u>Bantu</u>		
Nurse	2	Putini D. * Ntaka, E.
		* Midwifery Certificate
Health Assistant (Grade II)	4	
<b>FAMILY HEALTH (CHILD HYGIENE) SERVICE</b>		
Clinical Medical Officer	1	Dr. H.A.B. Pletts, M.B., B.Ch.
Part-time Clinical Medical Officer	4	Dr. E.K. McDonald, M.B., Ch.B. Dr. H.E. Rose, M.B., Ch.B. (resigned 31.1.63) Dr. M.K. McAllum, Ch.B. (from 1.4.63)
		Dr. M.J. Broderick, L.R.C.P.(S) (from 1.7.63)
		1 Vacancy
Part-time Medical Specialist	1	Dr. L. Raftery, F.R.C.O.G., M.M.S.A., M.R.C.S., L.R.C.P.
<b>EXFOLIATIVE CYTOLOGY (Prevention of Uterine Cancer)</b>		
(a) European		
Municipal Consultant	1	Professor Derk Crichton, M.B., Ch.B., D.Phil., F.R.C.S., F.R.C.O.G.
Part-time Laboratory Technician	1	
(b) Indian		
Health Assistant (Grade II)	2	1 Vacant
<b>MATERNAL AND FAMILY WELFARE</b>		
Part-time Clinical Medical Officer	1	Dr. H. Maisel, M.B., B.Ch., B.Sc.,

Section and Position	No.	Incumbent/Remarks
<b><u>HEALTH EDUCATION</u></b>		
(a) <u>European</u>		
Health Educator	1	Goddard, Miss. E.
Technician	1	Godfrey, D.M.
General Assistant (Grade II)	2	
(b) <u>Coloured</u>		
Lecturer	1	
(c) <u>Indian</u>		
Lecturer	1	
Junior Lecturer	3	
(d) <u>Bantu</u>		
Lecturer	2	
Assistant Lecturer	1	
Junior Lecturer	4	
<b><u>NON-EUROPEAN HEALTH AND MEDICAL SERVICES:</u></b>		
<b><u>Venereal Diseases Clinics</u></b>		
(a) <u>European</u>		
Senior Clinical Medical Officer (City Venereologist)	1	Dr. A.A. Wailer, M.R.C.S., L.R.C.P.
Clinical Medical Officer	1	Dr. M. McAuliffe, L.A.H., L.R.C.P.S.I.
(b) <u>Bantu</u>		
Medical Officer	1	Dr. C.N. Dhlamini, L.R.C.P., L.R.C.S., L.R.F.P.S.
Nurse	4	Cele, M. Emerson, R. * Mangole, B. * Nxumalo, V. * Midwifery Certificate
Health Assistant (Grade I)	2	
Health Assistant (Grade II)	7	
Interpreter/Cleaner (Bantu)	1	
<b><u>MEDICAL BUREAU</u></b>		
Senior Clinical Medical Officer	1	Dr. M. Casson, M.D., M.R.C.S, L.R.C.P.

**Total Staff Establishment**

European	200 (including 8 part-time appointments)
Non-European	266
	<u>466</u>

## FINANCIAL SUMMARY

An abbreviated schedule of the actual cost of the services undertaken by the City Health Department for the financial year ended 31st July, 1963, is shown below:-

<u>Expenditure</u>	<u>1962/3</u>	<u>1961/2</u>
Salaries, Wages and Allowances	526,637	478,269
Drugs and Medical Requisites	17,111	18,892
Tuberculosis Hospitalisation -		
(Government Hospitals - net cost)	41,768	40,812
(Other " - gross cost)	163,798	162,281
Hospitalisation Infectious Diseases and Venereal Diseases	53,223	64,689
Transport and Subsidised Locomotion	43,080	41,995
Miscellaneous, including Rents, Insurance, Telephones, Stationery, etc.	<u>128,036</u>	<u>119,885</u>
	<u>973,653</u>	<u>926,823</u>

### Income

General	27,638	18,131	
Government Refunds under Public Health Act	358,566	356,629	
Recoveries from Infectious Diseases and Tuberculosis in-patients	7,576	4,937	
Health Services debited to Bantu Hostels and Locations	<u>99,315</u>	<u>96,964</u>	<u>493,095</u>
		<u>Net Cost</u>	<u>476,641</u>
		<u>480,558</u>	<u>450,182</u>

Capital expenditure is not included in the above schedule

# **REPORT ! B !**

## **HOUSING AND PLANS**

### **1. POPULATION**

The estimated population of Durban as at 31st December, 1963, was as follows :-

(a) Europeans	- 172,308	- 27.37%
(b) Coloureds	- 27,320	- 4.34%
(c) Indians	- 237,379	- 37.71%
(d) Bantu	- 192,527	- 30.58%
Total	- <u>629,534</u>	

### **2. EUROPEAN HOUSING**

The housing shortage which manifested itself in the previous year, became more obvious during 1963. From the middle of 1962 onwards, privately promoted housing development, which included a good percentage of flat development, was accelerated. This flat development embraced the normal standard type of flats which catered for a portion of the middle income group, and luxury standards for the high income group. Development of this nature was naturally slow at the commencement. As the various projects progressed, the tempo with other similar projects also increased, and during the year 1963 a large number of flat housing units were under construction. When these schemes have been completed, the higher income group may well find a more favourable situation.

The middle income group is in a slightly different position. Generally speaking this group can be divided into two, those favouring flats, and those conventional houses, either on a rental or home ownership basis. The latter enjoy the advantages of being able to make use of borrowing facilities from building societies, Municipal and Government loan funds etc. Providing the present rate of flat development continues, the needs of that portion of this group who favour flats, should show signs of alleviation.

In regard to home ownership, it is worthwhile recording the steps that have been taken by the Durban City Council in fulfilling this need. As early as 1922 funds and borrowing facilities were made available for the building and purchasing of 3, 4 and 5 roomed dwellings in Milner, Frere, Laurel and Oregon Roads. The number of houses built in terms of the facilities offered at that stage totalled 55 dwelling units. The price range for the small houses being R2410 to R2878. This amount was repayable over a period of 28 years at the rate of R10.84 to R12.96 per month. The price range for the larger houses was R3274. to R3732, repaid over 28 years at the rate of R17.74 to R16.78 per month. These prices might suggest a substandard type of dwelling but, on the contrary, it must be noted that they were of the modern brick bungalow type with tiled roofing, which is being built by the average home owner today in a price range of R6000 to R8000. These bungalow type of homes, with very few exceptions still exist today and fit into the housing pattern in select residential areas.

This method of assisting individuals in buying their own homes continued through the year. It is interesting to note that by 1929, a total of 323 houses had been built. In 1930 the Council decided to build slightly smaller houses on smaller sites and savings were also effected in internal furnishings and fitments together with asbestos roofing in place of tiles etc. These homes which totalled 104 were built in Eaton Road, Geneva Place and Congella Road. The sale price ranged from R1138 to R1734 and was payable over 29 years in instalments of rent from R6.05 to R9.30 per month.

From 1946 large-scale development took place at Woodlands, and to a lesser extent in Virginia Estate from 1951 onwards. Meanwhile, there had been a material increase in the cost of building. An average 4 roomed house at Woodlands had risen to a price range of R4000 to R5626, repayment being spread over a period of 40 years.

In addition to embarking on housing schemes as indicated above, the Council has assisted owners on a loan to individuals basis. This has enabled homeowners who have bought land to borrow funds and erect a house designed to their own selection.

The lower income group is in a less favourable position. By and large this section of the community endeavour to rent inexpensive accommodation, and most Estate Agents in the City have large waiting lists for accommodation in rent controlled flats. The flat and housing development which is taking place at present will hardly affect this group, as rentals will be beyond their means. The housing shortage is therefore acute, and will remain so, until such time as large scale inexpensive housing can be provided for the lower income group.

The City Council has provided a certain amount of housing for persons of limited means, and in addition to the existing 50 houses and 55 flats a further 48 flats known as "Helen Gibling Gardens" were completed. A further scheme involving flats and semi-detached cottages have received approval, and construction should commence early in 1964.

One further aspect that should be considered when dealing with European housing, is the amount of accommodation provided in the various hotels and boarding houses situated throughout the City. This accommodation is estimated at being in the region of 20,000 beds. A few years ago, Durban enjoyed a winter and summer season, and during these periods all available hotel accommodation was fully booked. Here again the position has changed, for today, even out of season, the hotel industry have between 75% to 80% of their accommodation occupied, (the one exception being late October and November of each year).

Listed below is a summary of the position as at the 31st July, 1963, in regard to the City Council's schemes :

Economic Selling	- Completed	- 1,672 houses
Economic Assisted	- Individuals	- 2,535 houses
Economic Letting	- Completed	- 674 flats
Economic Assisted	- Institutions	- 2 hostels
Sub-Economic Assisted	- Institutions	- 1 hostel
Sub-Economic Letting	-	- ( 50 houses
		- ( 103 flats

thus giving a total of 4,257 houses, 777 flats and 3 hostels. The cost involved was R22,371,618.

The City Treasurer has advised that the number of European housing applications on hand as at the 31st December, 1963, were ;

Purchasing Schemes	-	1,421
Letting Schemes	-	1,317

Both reflect an increase over last year's records.

The foregoing details indicate that the year 1963 dawned with a shortage of houses for this racial group and set with an increasing demand for accommodation.

### 3. COLOURED HOUSING

The Coloured community represent 4.34% of the estimated population of the City. Broadly speaking they are housed in three areas, i.e. Merebank/Wentworth, Sparks Estate and in a portion of Greenwood Park and Red Hill area. In addition a number of flats are situated in Melbourne Road. Privately promoted housing development for the Coloured people has been negligible. The City Council on the other hand, has been aware of their needs, and since 1939 onwards has embarked on two schemes. The first scheme (Sparks Estate) which comprised 4-roomed houses was built with a selling price from R1568 to R1658, repayment being spread over 29 years at the rate of R6.78 to R7.37 per month. With the rise in building costs, other selling schemes in Sparks Estate had the repayment period extended to 40 years.

In 1961, a less expensive scheme was undertaken in the Merebank/Wentworth area. The selling price of a 4-roomed house ranged from R1412 to R1482, repayment spread over a period of 30 years with the instalments ranging from R7.38 to R7.77 per month.

That portion of Greenwood Park and Red Hill which is now a Coloured area was brought about by a Group Areas Proclamation. Property in the area was formerly owned and occupied by members of the White race. The Proclamation is retrospective to 25th November, 1960 and the change-over from a White to a Coloured community has now been completed.

In brief the City Council's contribution to the housing requirements of the Coloured community can be summarised as follows :

Spark's Estate	- 291 houses
Merebank/Wentworth	- 219 houses
Economic Assisted Individuals	- 191 houses
Sub-Economic - Letting	- ( 64 flats
	- ( 49 houses
Sub-Economic Assisted Institutions	- 2 hostels

This represents a total of 750 houses, 64 flats and 2 hostels costing R1,954,384.

From this summary it will be noted that Coloured persons also enjoy financial assistance in purchasing their own homes on the basis of loans to individuals. During the year 6 additional loans to individuals were granted.

The number of coloured housing applications lodged with the City Treasurer as at the 31st December, 1963, were as follows :

Purchasing Schemes	- 846
Letting Schemes	- 375

These applications represent increases of 224 and 48 respectively as compared with 1962, which supports the view that there is an ever growing demand for Coloured housing.

#### 4. INDIAN HOUSING

This section of the community represents the largest single race group, comprising 37.71% of the total estimated population of the City. Recently the City Council has played a major role in providing suitable housing facilities for this community.

Areas have been set aside for Indians who wish to build their own homes on a portion of the Bluff, Silver Glan, Mhlatzana, Kharwastan, Reservoir Hills, Clare Estate and Sea cow Lake, in which areas private development has been taking place steadily. Plans for 352 houses and two blocks of flats comprising 10 living units, were approved by the Council during the year. Persons may avail themselves of "loan to individuals" from Council funds for purposes of building their own homes and during the year 81 such loans were granted.

The lower income groups who form the greater part of the Indian community are dependant on housing schemes which the City Council has undertaken. From 1929 onwards the City Council started providing houses for the Indian community. The number of houses and the areas concerned are reflected hereunder:

Cato Manor Area	- 149 houses
Springfield	- 1,209 houses. This scheme was spread over the period 1940 to 1957. A large percentage of the houses were for sale and the balance on a rental basis, the lowest rent being R1.05 and the highest R4.05 per month.
Merebank	- 2,554 houses
Chatsworth	- 2,250 houses and 606 flats.

Chatsworth is still being developed and the scheme will comprise ten neighbourhood units and is due to be completed during 1967. Of these units Neighbourhood Unit No. 4 has been set aside for loans to individuals, so permitting any person to build a house of his own design with financial assistance from Council funds. Six schools serve the area, and as development continues

additional schools will be provided. Trading amenities include general dealers, butcheries, tea-rooms and a modern hotel with liquor and off-sales licences. During the year the first purpose-designed child health and tuberculosis clinic in Chatsworth was completed and opened.

The demand for Indian housing was indicated by the applications which the City Treasurer received up to the 31st December 1963.

Purchasing Schemes	-	6,160
Letting Schemes	-	1,595

These figures reflected increases of 433 and 247 respectively as compared with the end of 1962.

The Indian housing position as at the 31st July 1963 can be summarised as follows :

Economic Selling - Completed	-	3,175 houses
Economic Selling/Letting - Completed	-	745 "
Economic Selling/Letting - Under construction	-	3,267 "
Economic Assisted - Individuals	-	885 "
National Housing Letting	-	819 "
Sub-Economic Assisted - Under construction	-	2,108 "

The cost involved being R15,446,139.

## 5. HOUSING UNITS COMPLETED DURING 1963

Tabulated hereunder is a schedule reflecting the units of accommodation for the various racial groups completed under the City Council's housing schemes during the 1963 calendar year.

Race Group	Loan Schemes	Chatsworth Letting	Sub-Economic	Chatsworth Economic Letting with Option to Purchase
European	64	-	-	-
Coloured	6	-	-	-
Indian	81	606	-	1,613
Totals	151	606	-	1,613
Grand Total				2,370

## 6. BANTU HOUSING

With the exception of domestic servants housed on privately owned property, the Bantu population is housed in three distinct areas. In the southern section and without the City boundary the Umlazi Mission Township is being developed by the Durban City Council on behalf of the South African Native Trust. This scheme is well advanced and when completed will comprise 10,000 four-roomed houses together with the usual educational, trading and recreational amenities. Lamont Location, Lamont Extension and Umlazi Glebe are also situated in the southern section but within the City. The second area is Cato Manor which embraces the "Emergency Camp", Chesterville, Chateau and Good Hope Estates. The third area is situated to the north of the City and is known as kwaMashu Township.

### CATO MANOR EMERGENCY CAMP

This camp came into being during 1957, and in its heyday comprised 4,427 shacks. Each shack contained four rooms, and it was commonplace for each room to house one family, the average size of which was five persons. Allowing for single persons living as boarders with many of the families the population of the Camp may well have been in the region of 90,000.

The City Council was therefore faced with the enormous problem of providing inexpensive housing for this large section of the community, the bulk of whom were in the lower income

group. As a result the Bantu township of kwaMashu was developed, and as housing became available in this Township, and at a later stage, in the Umlazi Township, so families were moved from the Emergency Camp into new homes. Demolition followed the vacating of the shacks and this programme continued throughout the current year, when 741 shacks were demolished. These shacks housed 2,169 families and 216 single lodgers. These families were re-housed as follows:

1,165 Families to kwaMashu  
998 " " Umlazi  
5 " " Chesterville; and  
1 Family to Lamont.

The 216 single persons moved to hostel accommodation at kwaMashu.

The shack removals resulted in the areas known as Mount Carmel, Kumalo and Dabulamanzi being completely eliminated. It is confidently anticipated that all the remaining shacks in the Camp will be demolished and the occupants re-housed in proper accommodation during the coming year.

### KWAMASHU

Steady progress continued throughout the year in respect of this housing scheme, resulting in 949 four-roomed houses, 106 two-roomed houses, and hostel accommodation comprising 784 beds being completed. Certain of the temporary accommodation, made up of 88 serviced sites and 10 block houses were demolished. Additional schools, trading and recreational facilities were also completed during the year. Extensions to the original Township are currently receiving attention, the proposal being to purchase a further 825 acres of land. Should this proposal materialise, it is estimated that a further 8,828 houses will be constructed, capable of housing some 16,000 persons.

The position as at the 31st December, 1963, may be summarised as follows :

Estimated Population	-	80,000
4-roomed houses	-	6,838
2-roomed houses	-	2,465
Wooden huts (1 room)	-	2,502
Block Houses (1 room)	-	75
Serviced Sites	-	66

This represents a total of 11,946 housing units and hostel accommodation comprising 11,728 beds.

In addition to the above housing scheme a few better-type houses for Bantu home owners were also completed during the year, 8 of these being at Lamont Location, and 7 each at Umlazi Glebe and kwaMashu.

### Summary of Bantu Housing

Location/Township	No. of Houses	Estimated Population
1. Chesterville	1,265	8,900
2. Lamont (Sub-Economic)	1,911	13,000
3. Lamont Extension (Economic)	851	6,000
4. Umlazi Glebe	748	4,600
5. kwaMashu	11,946	69,000
	<hr/> <u>16,721</u>	<hr/> <u>101,500</u>

## Hostel/Dormitories

1. Dalton Road	Males	-	1,721 beds
2. Grey Street	Females	-	687 "
3. Jacobs	Females	-	32 "
4. Jacobs	Males	-	828 "
4. S.J. Smith	Males	-	4,602 "
6. kwaMashu	Males	-	11,728 "
			<u>19,598</u>

Estimated total number of Bantu housed by Municipal Undertaking - 121,098.

A summary of essential information in respect of locations, forms an appendix to this report.

## 7. CONTROL OF PREMISES (SLUMS) IN DEFINED ZONES

This facet of the Department's activities was of necessity regulated to the availability of alternative housing for the various racial groups. In certain of the zones normal urban renewal has disposed of a large percentage of slum housing, so much so that the zones could be de-proclaimed.

## 8. BUILDING PLANS

A total of 3,381 building plans were submitted to this Department for examination during the year. The total cost of the buildings involved was assessed at R27,647,033. In comparison with the year 1962, this represented an increase of 630 plans and an increase of R14,709,175 in cost.

The Department's role in examining plans is to ensure compliance with the various By-laws and requirements of the Department embodied in codes of practice. It is of interest to note that of the plans examined it was found necessary to submit 981 reports in connection therewith. These reports frequently required amendment of the plans to comply with departmental requirements.

The types of structures are detailed below :

Type of Structure	No. of Units	No. of Plans	Estimated Cost
Private Dwellings:			
1 and 2 rooms	3		
3 rooms	34		
4 rooms	97		
5 rooms	423		
6 rooms and over	<u>118</u>		
Dwellings	675	675	R4,142,376
Flats			
1 room	159		
2 rooms	1,013		
3 rooms	563		
4 rooms and over	<u>263</u>		
Flats	1,997	66	R9,002,624

Type of Structure	No. of Units	No. of Plans	Estimated Cost
Other Residential Buildings		3	R 763,000
Industrial and Commercial Buildings		38	R4,352,400
Other New Buildings		14	R 401,827
New Municipal and Government Buildings		27	R1,475,625
Additions to Residential Buildings		1,716	R 977,672
Additions to non.Residential Buildings		797	R5,881,572
Additions to Municipal Buildings		45	R 649,937
Total No. of Units	<u>2,672</u>		
Total No. of Plans		<u>3,381</u>	
Total Estimated Cost			R27,647,033

SUMMARY OF ESSENTIAL INFORMATION RELATIVE TO LOCATIONS ETC.

Location or Township	Year Completed	Houses		Water Supply	Sanitation	Abiations	Remarks
		Economic	Sub-Economic				
CHESTERVILLE	1946	-	1,265	Individual piped	Water borne	Showers to each house	Other and baby clinic twice per week.
LAMONT	Virtually completed		1,911	-do-	-do-	Showers to each house PLUS	Daily mother and baby clinic
LAMONT EXTENSION	-do-	851		-do-	178 communal washing gullies	-do-	
UMLAZI GLEBE	-do-	10		-do-	Communal stand pipes	Pit and aqua privies	Other and baby clinic twice per week
KWAMASHU	Still being developed	738		Piped individual	Water borne	Showers to each house	2 clinics daily - City Health Department.

Chesterville Location is provided throughout with electrical power as are all hostels and dormitories. Electrical power is available in all other locations and townships but not many residents have taken advantage of this amenity. The Clinics are conducted by the City Health Department.

(Classified according to International Intermediate List of 150 Causes from Sixth Revision, World Health Organisation, 1948)

Ref.	Cause of Death	Detailed List Numbers			European			Coloured			Bantu			Asiatic			Totals						
		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total				
A. 1	Tuberculosis of Respiratory System	001-008			10	4	14	17	6	1	7	13	81	47	128	137	13	8	21	40	110	60	170
A. 2	Tuberculosis of Meninges and Central Nervous System	010											1	7	8	16	2	6	8	7	3	13	16
A. 3	Tuberculosis of Intestines, Peritoneum and Mesenteric Glands	011											3	1	5	5	1	1	2	3	1	3	8
A. 4	Tuberculosis of Bones and Joints	012, 013											1	2	3	3	1	1	2	3	1	3	8
A. 5	Tuberculosis, All other forms	014-019											2	1	3	3	15	15	15	15	3	1	19
A. 6	Congenital Syphilis	020											3	3	3	3	1	2	3	1	2	3	3
A. 10	All other Syphilis	022, 023, 026-029											8	8	8	8							9
A. 12	Typhoid Fever	040											1	1	1	1							1
A. 16	Dysentery, All Forms	045-048											22	20	42	45	6	1	7	7	32	22	54
A. 20	Septicaemia and Pyaemia	053											2	2	6	6	2	1	2	2	5	5	11
A. 21	Diphtheria	055											1	1	1	1	7	1	2	3	2	3	5
A. 22	Whooping Cough	056											1	1	1	1	4	1	2	2	1	3	4
A. 23	Meningococcal Infections	057											1	1	1	1	8	2	1	1	1	1	1
A. 26	Tetanus	061											4	6	10	13	2	1	3	2	6	7	13
A. 28	Acute Poliomyelitis	080											1	1	1	1	1	1	1	1	1	1	15
A. 29	Acute Infectious Encephalitis	082											1	1	1	1	2	1	1	2	3	5	2
A. 32	Measles	085											1	1	1	1	28	28	56	87	33	35	71
A. 34	Infectious Hepatitis	092											2	2	2	2	4	3	2	6	6	8	8
A. 38	Schistosomiasis	123											2	2	2	2	1	1	1	1	1	1	1
A. 41	Ankylostomiasis	129											1	1	1	1	1	1	1	1	1	1	1
A. 42	Other Diseases due to Helminths	124, 126, 128, 130											1	1	1	1	1	1	1	1	1	1	1
A. 43	All Other Diseases Classified as Infective or Parasitic	036-039, 049, 054, 059, 063-074, 086-090, 093, 095, 096, 120-122, 131-138											1	1	1	1	1	1	1	1	2	3	6

Ref.	Cause of Death	Detailed List Numbers			European			Coloured			Bantu			Asiatic			Total			
		M.	F.	Total	1962	M.	F.	Total	1962	M.	F.	Total	1962	M.	F.	Total	1962	M.	Total	
A. 44	Malignant Neoplasm of Buccal Cavity and Pharynx	140–148			8	3	11	8		1	1	2		1	2	2		5	14	12
A. 45	Malignant Neoplasm of Oesophagus	150	5	1	6	5	2	1	3	21	1	1	2	1	2	5	29	3	32	29
A. 46	Malignant Neoplasm of Stomach	151	11	13	24	23	2	1	3	6	11	6	17	13	26	21	47	43	47	43
A. 47	Malignant Neoplasm of Intestine, Except Rectum	152, 153	12	10	22	18	1	1	1	1	2	3	5	8	4	17	15	32	24	24
A. 48	Malignant Neoplasm of Rectum	154	5	7	12	10	1	1	1	1	1	6	1	7	4	12	8	20	14	14
A. 49	Malignant Neoplasm of Larynx	161	2	1	3	3	1	1	1	1	2	1	3	1	5	2	7	5	5	5
A. 50	Malignant Neoplasm of Trachea, and of Bronchus and Lung, not specified as secondary	162, 163	53	7	60	56	1	1	7	13	7	5	12	13	10	68	16	84	80	80
A. 51	Malignant Neoplasm of Breast	170	23	23	46	26	1	1	1	1	4	1	1	4	4	4	28	28	28	30
A. 52	Malignant Neoplasm of Cervix Uteri	171	1	1	2	2	2	2	3	7	7	7	7	7	7	18	18	18	20	20
A. 53	Malignant Neoplasm of Other and Unspecified Parts of Uterus	172–174	15	3	18	15	10	1	1	1	2	2	2	2	2	6	3	11	11	8
A. 54	Malignant Neoplasm of Prostate	177	8	1	9	10	5	2	1	1	1	1	1	1	1	2	2	22	22	14
A. 55	Malignant Neoplasm of Skin	190, 191	15	3	18	15	10	1	1	1	2	2	2	2	2	1	9	1	10	3
A. 56	Malignant Neoplasm of Bone and Connective Tissue	196, 197	1	1	2	1	1	1	1	1	4	1	1	1	1	5	2	7	7	6
A. 57	Malignant Neoplasm of all other and Unspecified Sites	155–160, 164, 165, 175, 176, 178–181, 192–195, 198, 199	38	29	67	47	2	2	4	1	21	9	30	26	11	7	72	47	119	94
A. 58	Leukaemia and Aleukaemia	204	1	2	3	1	1	1	1	1	1	1	1	1	1	6	7	5	12	21
A. 59	Lymphosarcoma and Other Neoplasms of Lymphatic and Haematopoietic System	200–203, 205	5	5	10	8				3	3	6	4	1	1	1	1	8	9	17
A. 60	Benign Neoplasms and Neoplasms of Unspecified Nature	210–239	3	3	6	1	1	1	1	1	1	1	1	1	1	3	3	6	7	8
A. 63	Diabetes Mellitus	260	4	12	16	18				2	3	5	8	6	6	10	16	21	13	28
A. 64	Avitaminosis and Other Deficiency States	280–286	2	1	3	1	2	2	1	1	2	5	49	43	92	2	6	51	47	47
A. 65	Anaemias	290–293	2	1	3	1	2	2	1	1	2	2	2	1	1	3	5	6	11	108
A. 66	Allergic Disorders: All Other Endocrine, Metabolic and Blood Diseases	240–245, 253, 254, 270–277, 287–289, 294–299	8	7	15	3	1	2	3	1	5	10	15	14	1	1	31	15	19	49
A. 67	Psychoses	300–309																	1	

Ref.	Cause of Death	Detailed List Numbers			European			Coloured			Bantu			Asiatic			Totals		
		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
A. 68	Psychoneuroses and Disorders of Personality	310-324, 326	1	1					1					2			2		1
A. 69	Mental Deficiency	325																	
A. 70	Vascular Lesions Affecting Central Nervous System	330-334	80	111	191	183	5	8	13	15	31	61	69	80	72	152	172	196	221
A. 71	Nonmeningococcal Meningitis	340	1						2		19	37	5	4	9	14	18	11	29
A. 73	Epilepsy	353																	56
A. 75	Cataract	385																	5
A. 77	Otitis Media and Mastoiditis	391-393																	2
A. 78	All Other Diseases of the Nervous System and Sense Organs	341-344, 350-352, 354-369, 380-384, 386, 388-390, 394-398																	1
A. 79	Rheumatic Fever	400-402																	29
A. 80	Chronic Rheumatic Heart Disease	410-416	5	10	15	5	10	15	1	1	2	1	1	2	2	9	4	11	
A. 81	Arteriosclerotic and Degenerative Heart Disease																		39
A. 82	Other Diseases of Heart																		29
A. 83	Hypertension with Heart Disease	420-422	278	177	455	380	7	6	13	18	13	11	24	38	118	48	166	171	416
A. 84	Hypertension without Mention of Heart Disease	430-434	49	35	84	90	5	2	7	9	29	25	54	57	35	49	84	60	118
A. 85	Disease of Arteries	440-443	23	16	39	44	3	2	5	5	16	14	30	34	38	37	75	80	80
A. 86	Other Diseases of Circulatory System	444-447	2	1	3	3	5	1	2	3	8	3	11	2	6	5	11	5	17
A. 87	Acute Upper Respiratory Infections	450-456	17	14	31	32	3	2	4	2	6	10	8	4	12	4	12	29	20
A. 88	Influenza	460-468	17	12	29	20	1	1	1	1	5	3	8	9	2	4	3	24	18
A. 89	Lobar Pneumonia	470-475	1	1	3	3	2	1	1	1	1	1	2	1	1	2	4	5	18
A. 90	Broncho Pneumonia	480-483	490	2	1	3	2	1	1	1	1	1	2	1	1	2	8	16	3
A. 91	Primary Atypical, Other and Unspecified Pneumonia	491	41	45	86	92	10	21	3	3	2	16	12	28	57	8	3	11	33
A. 92	Acute Bronchitis	492,493	2												4	4	8	15	10
A. 93	Bronchitis, Chronic and Unqualified	500													1	1	2	4	9
A. 95	Empyema and Abscess of Lung	501,502	4	5	9										4	9	7	7	22
A. 97	All Other Respiratory Diseases	518,521													3	1	2	3	15
A. 99	Ulcer of Stomach	511-517, 520, 522-527	19	21	40	39	3	5	1	12	4	16	14	8	4	12	9	42	71
		540	3	2	5										1	1	5	4	3
																		7	



Ref.	Cause of Death	Detailed List Numbers			European			Coloured			Bantu			Asiatic			Totals			
		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	
A. 127	Spina Bifida and Meningocele	751		1	2	2	3							2	2	2	2	2	6	
A. 128	Congenital Malformation of Circulatory System	754		4	3	6	9	1	2	7	9	11	7	3	10	12	15	10	25	
A. 129	All Other Congenital Malformations	750, 752, 753, 755-759	3	3	3	6	7	2	1	4	7	11	18	13	22	13	35	25	27	
A. 130	Birth Injuries	760, 761	3	3	1	1	1	1	1	18	12	30	22	14	6	20	9	36	18	32
A. 131	Postnatal Asphyxia and Atelectasis	762	8	4	12	17	1	1	6	23	17	40	27	9	1	10	17	41	23	33
A. 132	Infections of the Newborn	763-768	1	1	2	4	2	2	22	28	50	57	25	21	46	36	52	50	102	97
A. 133	Haemolytic Disease of the Newborn	770	1	1	1	4	1	1	1	1	1	1	1	1	3	2	1	3	3	
A. 134	All Other Defined Diseases of Early Infancy	769, 771, 772		1	1	3		1	11	8	19	27	2	4	6	8	13	13	26	
A. 135	III-defined Diseases Peculiar to Early Infancy and Immaturity Unqualified.	773-776	31	7	38	42	9	7	16	8	112	78	190	158	63	54	117	95	215	146
A. 136	Senility Without Mention of Psychosis	794	5	9	14	18	1	1	2	3	3	3	6	6	2	3	5	8	11	36
A. 137	III-defined and Unknown Causes of Morbidity and Mortality	780-793, 795	48	36	84	58	15	11	26	9	181	162	343	272	44	41	85	61	288	250
AE 138	Motor Vehicle Accidents	E810-E835	20	3	23	43	9	3	12	8	43	9	52	85	7	37	11	50	102	22
AE 139	Other Transport Accidents	E800-E802, E840-E866	2		2	3		3	1	1	1	1	1	1	1	2	2	4	22	124
AE 140	Accidental Poisoning	E870-E895				1	1	1	2	1	1	1	1	1	1	1	1	1	2	6
AE 141	Accidental Falls	E900-E904	6	1	7	8			1	5	5	10	3	3	1	3	6	14	1	3
AE 142	Accident Caused by Machinery	E912	1	1	1	1			1	5	1	1	1	1	1	1	1	1	1	
AE 143	Accident Caused by Fire and Explosion of Combustible Material	E916				2	1	1	1	3	4	9	3	5	8	16	4	9	13	
AE 144	Accident Caused by Hot Substance, Corrosive Liquid, Steam and Radiation	E917, E918				2	1	1	1	3	7	10	5	1	7	8	2	4	15	
AE 145	Accident Caused by Firearm	E919				1			2		5	5	6	8	4	12	9	15	4	
AE 146	Accidental Drowning and Submersion	E929				3	2		2		5	5	6	8	4	12	9	15	4	
AE 147	All Other Accidental Causes	E910, E911, E913-E915, E920-E928, E930-E965				3			3	3	5	5	42	8	50	32	20	9	71	
AE 148	Suicide and Self-inflicted Injury	E970-E979	6	1	7	9	3	27	4	3	5	5	9	4	13	11	4	15	15	
AE 149	Homicide and Injury Purposely Inflicted by Other Persons (Not in War)	E980-E985	6	10	16	8	2	3	5	4	60	11	71	76	15	4	19	8	83	
TOTALS:		961	728	1689	1598	133	100	233	205	1288	1016	2304	2509	1002	745	1747	1810	3384	2589	
CRUDE DEATH RATES																		11.97 (13.23)		
																		9.80 (9.44)		
																		8.53 (7.74)		
																		9.42 (9.94)		

## CAUSES OF DEATH IN RESPECT OF INFANTS (UNDER 1 YEAR)

## APPENDIX "B"

(Classified according to International Intermediate List of 150 Causes from Sixth Revision, World Health Organisation, 1948)

Ref.	Cause of Death	Detailed List Numbers						European						Bantu						Asiatic						Totals					
		M.	F.	Total	1962	M.	F.	Total	1962	M.	F.	Total	1962	M.	F.	Total	1962	M.	F.	Total	1962	M.	F.	Total	1962	M.	F.	Total			
A. 1	Tuberculosis of Respiratory System	001-008								4	6	10	5					2	4	6	10	7									
A. 2	Tuberculosis of Meninges and Central Nervous System	010								1	3	4	3					1	1	3	4	4									
A. 5	Tuberculosis, All other forms	014-019								1	1	1	3					1	1	1	4	4									
A. 6	Congenital Syphilis	020								1	1	2	3					1	2	3	2	2									
A. 16	Dysentery, All Forms	045-048								3	4	7	7	2				2	1	5	4	9	11								
A. 20	Septicaemia and Pyaemia	053								1	1	2	2					1	1	1	1	3									
A. 21	Diphtheria	055												1				1	2	3	4	1									
A. 22	Whooping Cough	056								1	2	3	4					1	2	3	4	1									
A. 23	Meningococcal Infections	057												1				1	1	1	1	1									
A. 26	Tetanus	061								3	5	8	13					1	4	5	9	14									
A. 28	Acute Poliomyelitis	080												1				1	1	1	1	1									
A. 32	Measles	085								1	8	18	26					2	3	5	10	21									
A. 43	All Other Diseases Classified as Infective or Parasitic	036-039, 049, 054, 059, 063-074, 086-090, 093, 095, 096, 120-122, 131-138, 155-160, 164, 165, 175, 176, 178-181, 192-195, 198, 199																1													
A. 57	Malignant Neoplasm of all Other and Unspecified Sites	204								1	1	1	1					1	1	1	1	1									
A. 58	Leukaemia and Aleukaemia	208-286												1				1	14	11	11	3	3								
A. 64	Avitaminosis and Other Deficiency States	290-293												1				1	1	1	1	1									
A. 65	Anaemias	240-245, 253, 254, 270-277, 287-289, 294-299												2				2	2	2	2	2									
A. 66	Allergic Disorders; All Other Endocrine, Metabolic and Blood Diseases	325												2				2	1	1	1	1									
A. 69	Mental Deficiency	330-334												1				1	1	1	1	1									
A. 70	Vascular Lesions Affecting Central Nervous System													1				1	1	1	1	1									

Ref.	Cause of Death	Detailed List Numbers			European			Coloured			Bantu			Asiatic			Total			1962			
		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	
A. 71	Nonmeningococcal Meningitis	340			1		1	1	2	3	8	4	12	19	1	1	2	10	6	16	28		
A. 73	Epilepsy	353						1		1				1		1		1		1			
A. 77	Otitis Media and Mastoiditis	391-393						1		1				1		1		1		1			
A. 78	All Other Diseases of the Nervous System and Sense Organs	341-344, 350-352, 354-369, 380-384, 386, 388-390, 394-398						1	1	4	1		1	1	1	1	1	1	2	6			
A. 81	Arteriosclerotic and Degenerative Heart Disease	420-422						1		1				1		1		1		1			
A. 82	Other Diseases of Heart	430-434												1		1		3		3		1	
A. 86	Other Diseases of Circulatory System	460-468												1		1		1		1		1	
A. 87	Acute Upper Respiratory Infections	470-475												1		1		1		1		1	
A. 88	Influenza	480-483												1		1		1		1		1	
A. 89	Lobar Pneumonia	490												4		10		1		5		15	
A. 90	Broncho Pneumonia	491												10		51		32		73		97	
A. 91	Primary Atypical, Other and Unspecified Pneumonia	492, 493												1		2		3		5		10	
A. 92	Acute Bronchitis	500												1		2		3		4		6	
A. 93	Bronchitis, Chronic and Unqualified	501, 502												2		4		4		4		8	
A. 95	Empyema and Abscess of Lung	518, 521												3		3		3		5		7	
A. 97	All Other Respiratory Diseases	511-517, 520, 522-527												1		1		1		1		2	
A. 99	Ulcer of Stomach	540												1		1		1		1		1	
A. 103	Intestinal Obstruction and Hernia	560, 561, 570												2		2		1		4		4	
A. 104	Gastro-Enteritis and Colitis, Except Diarrhoea of the Newborn	571, 572												217		261		50		80		91	
A. 107	Other Diseases of Digestive System	536-539, 542-544, 545, 573-580, 582, 583, 586, 587												15		117		100		175		138	
A. 110	Infections of Kidney	600												2		3		2		5		5	
A. 114	Other Diseases of Genito-Urinary System	601, 603, 605-609, 611-617, 622-637												2		2		1		2		3	
A. 127	Spina Bifida and Meningocele	751												2		3		1		1		1	
A. 128	Congenital Malformation of Circulatory System	754												4		3		7		9		11	





